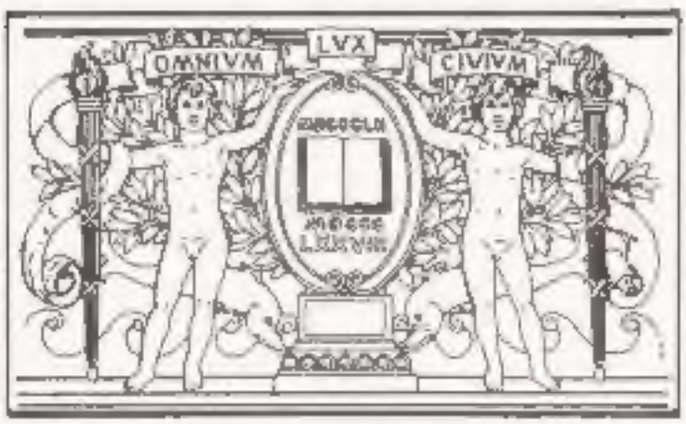

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OF SIGMUND FREUD

VOLUME XX

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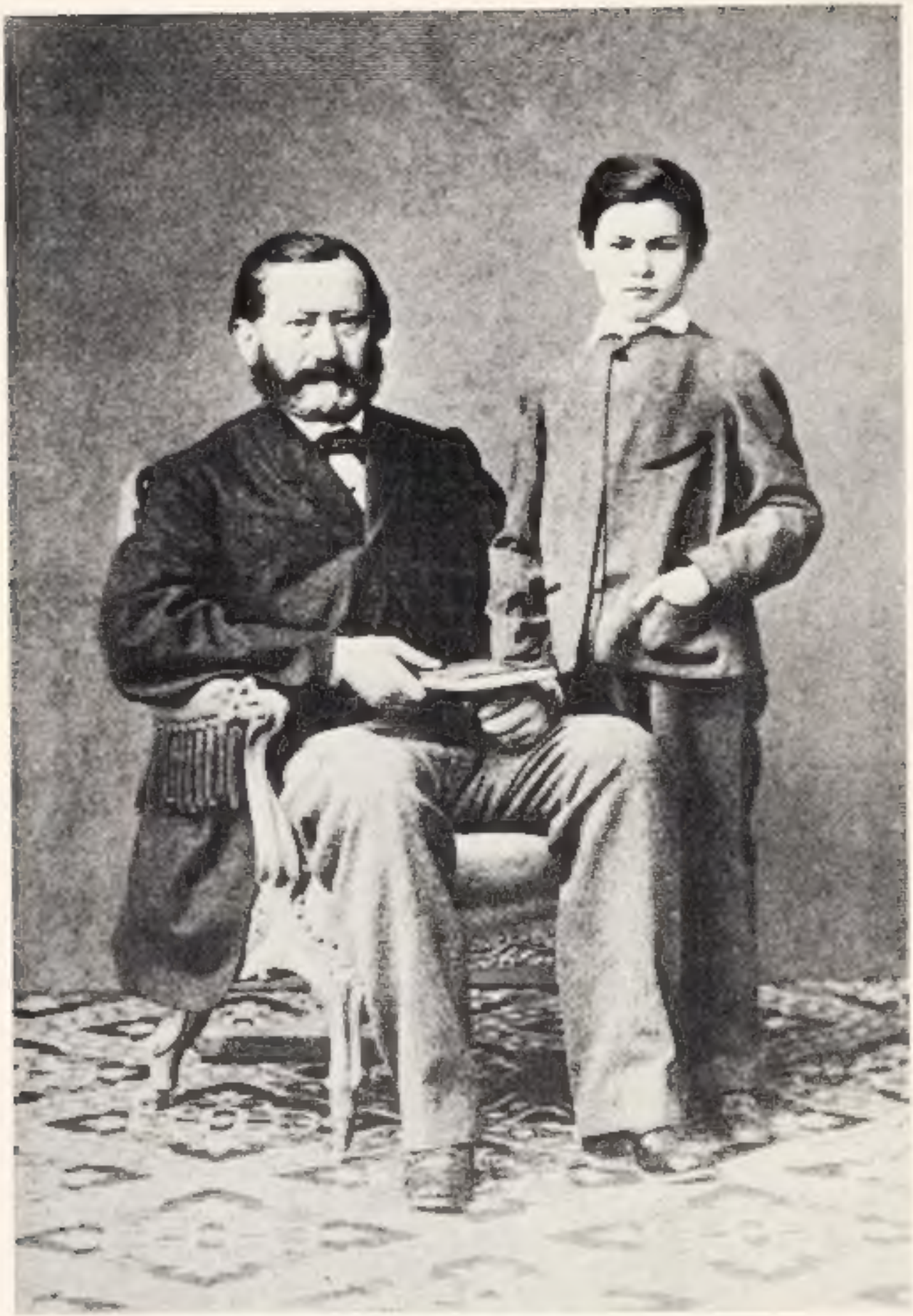

Sigmund Freud with his Father in 1864

THE STANDARD EDITION
OF THE COMPLETE PSYCHOLOGICAL WORKS OF

SIGMUND FREUD

Translated from the German under the General Editorship of

JAMES STRACHEY

In Collaboration with

ANNA FREUD

Assisted by

ALIX STRACHEY and ALAN TYSON

VOLUME XX

(1925–1926)

An Autobiographical Study
Inhibitions, Symptoms and Anxiety
The Question of Lay Analysis
and
Other Works

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AN AUTOBIOGRAPHICAL STUDY

(1925 [1924])

EDITOR'S NOTE

SELBSTDARSTELLUNG

(*a*) GERMAN EDITIONS:

1925 In Grote's *Die Medizin der Gegenwart in Selbstdarstellungen*, 4, 1–52. (Leipzig: Meiner.)

1928 *G.S.*, **11**, 119–82.

1934 In book form, under title *Selbstdarstellung*. Leipzig, Vienna and Zurich: Internationaler Psychoanalytischer Verlag. Pp. 52.

1936 2nd ed. Vienna: Internationaler Psychoanalytischer Verlag. Pp. 107. With new footnotes and other additional matter and including 'Nachschrift 1935' (see below).

1946 London: Imago Publishing Co. Reprint of above with different illustrations. Pp. 107.

1948 *G.W.*, **14**, 33–96. With the new footnotes from 2nd ed., but without the other additional matter. (For 'Nachschrift 1935' see below.)

1935 'Nachschrift 1935.' *Almanach 1936*, 9–14.

1936 In *Selbstdarstellung*, 2nd ed. (see above), 102–7.

1946 In the London reprint of above.

1950 *G.W.*, **16**, 31–4.

(*b*) ENGLISH TRANSLATION:

An Autobiographical Study

1927 In *The Problem of Lay-Analyses*. New York: Brentano. Pp. 189–316. (Tr. James Strachey.)

1935 London: Hogarth Press and Institute of Psycho-Analysis. Pp. 137. Same translation, revised from 2nd German ed., with new footnotes and other additional matter, and including 'Postscript (1935)'.

Autobiography

1935 New York: Norton. Pp. 153. Same as above, but with different title.

The present translation is a modified version of the one published in 1935.

As Freud explains in his 'Postscript' (p. 71), the English translation of this work, when it was first published in America in 1927, was included in the same volume as his discussion of 'lay analysis'; but the *Autobiographical Study* was not mentioned either on the title-page or on the outer cover of the book. When the work was taken over by a new American publisher eight years later, he suggested to Freud that it should be revised and brought up to date. Thus the new material appeared in English before its publication in German. Volume XI of the *Gesammelte Schriften*, published in 1928, of course only gives the text of the first edition. Volume XIV of the *Gesammelte Werke*, published in 1948, gives a photographic reproduction of that version, together with the new footnotes which had been added in the second edition. Unfortunately, however, the fact was overlooked that a considerable number of changes and additions had been made in the actual *text* of the work. These are consequently not included in the *Gesammelte Werke*, though they will naturally be found in the editions of the book issued separately (1936 and 1946). These omissions are noted in the English translation below. We learn from Ernest Jones (1957, 123) that the main work was written in August and September, 1924, and actually appeared in February, 1925; the 'Postscript' was completed by May, 1935.

This work is commonly, and quite misleadingly, referred to as Freud's 'Autobiography'. The title of the series to which it was originally contributed - *Die Medizin der Gegenwart in Selbstdarstellungen* (which might be translated 'Contemporary Medicine in Self-Portrayals')—shows clearly enough that the aim of its editors (it was published in four volumes, 1923 5, with contributions from some twenty-seven leading medical authorities) was to present an account of the recent history of medical science from the pens of those who had played a chief part in making it. Thus Freud's study is essentially an account of his personal share in the development of psycho-analysis. As he himself points out in the opening paragraph, he was inevitably going over much of the ground which he had already

traversed in his paper 'On the History of the Psycho-Analytic Movement' (1914*d*) some ten years before. Nevertheless, as a comparison between the two works will show, his present mood was a very different one. The controversies that embittered the earlier paper had now faded into insignificance and he was able to give a cool and entirely objective account of the evolution of his scientific views.

Those who wish for the story of his *personal* life must once more be referred to the three volumes of Ernest Jones's biography.

AN AUTOBIOGRAPHICAL STUDY

I

SEVERAL of the contributors to this series of 'Autobiographical Studies' have begun by expressing their misgivings at the unusual difficulties of the task they have undertaken. The difficulties in my case are, I think, even greater; for I have already more than once published papers upon the same lines as the present one, papers which, from the nature of the subject, have dealt more with personal considerations than is usual or than would otherwise have been necessary.

I gave my first account of the development and subject-matter of psycho-analysis in five lectures which I delivered in 1909 before Clark University at Worcester, Mass., where I had been invited to attend the celebration of the twentieth anniversary of the foundation of that body.[1] Only recently I gave way to the temptation of making a contribution of a similar kind to an American collective publication dealing with the opening years of the twentieth century, since its editors had shown their recognition of the importance of psycho-analysis by allotting a special chapter to it.[2] Between these two dates appeared a paper, 'On the History of the Psycho-Analytic Movement' [1914*d*], which, in fact, contains the essence of all that I can say on the present occasion. Since I must not contradict myself and since I have no wish to repeat myself exactly, I must endeavour to construct a narrative in which subjective and objective attitudes, biographical and historical interests, are combined in a new proportion.[3]

I was born on May 6th, 1856, at Freiberg in Moravia, a small town in what is now Czechoslovakia. My parents were Jews, and I have remained a Jew myself. I have reason to believe

[1] The lectures were first published (in English) in the *American Journal of Psychology* (1910), the original German was issued under the title of *Über Psychoanalyse* [1910*a*].

[2] *These Eventful Years* (New York, 1924). My essay, translated by Dr A. A. Brill, forms chapter lxxiii. of the second volume [1924*f*].

[3] [In the 1924, 1928 and 1948 editions the rest of this chapter was printed in small type.]

that my father's family were settled for a long time on the Rhine (at Cologne), that, as a result of a persecution of the Jews during the fourteenth or fifteenth century, they fled eastwards, and that, in the course of the nineteenth century, they migrated back from Lithuania through Galicia into German Austria. When I was a child of four I came to Vienna, and I went through the whole of my education there. At the 'Gymnasium' [Grammar School][1] I was at the top of my class for seven years; I enjoyed special privileges there, and had scarcely ever to be examined in class. Although we lived in very limited circumstances, my father insisted that, in my choice of a profession, I should follow my own inclinations alone. Neither at that time, nor indeed in my later life, did I feel any particular predilection for the career of a doctor.[2] I was moved, rather, by a sort of curiosity, which was, however, directed more towards human concerns than towards natural objects; nor had I grasped the importance of observation as one of the best means of gratifying it. My deep engrossment in the Bible story[3] (almost as soon as I had learnt the art of reading) had, as I recognized much later, an enduring effect upon the direction of my interest. Under the powerful influence of a school friendship with a boy rather my senior who grew up to be a well-known politician, I developed a wish to study law like him and to engage in social activities. At the same time, the theories of Darwin, which were then of topical interest, strongly attracted me, for they held out hopes of an extraordinary advance in our understanding of the world, and it was hearing Goethe's beautiful essay on Nature read aloud at a popular lecture by Professor Carl Bruhl[4] just before I left school that decided me to become a medical student.

[1] [The so-called 'Sperlgymnasium'. Cf. 'Some Reflections on Schoolboy Psychology' (1914*f*), *Standard Ed.*, **13**, 240.]

[2] [This is enlarged upon in Freud's Postscript to *The Question of Lay Analysis* (1927*a*), below, p. 253 f.]

[3] [This sentence and the following one were added in 1935. They were accidentally omitted from the German edition of 1948 (*G.W.*, **14**, 34).]

[4] [This name was inserted in 1935, but omitted in 1948. According to Pestalozzi (1956) the real author of the essay written in 1780) was G. C. Tobler, a Swiss writer. Goethe came across it half a century later, and, by a paramnesia, included it among his own works. The essay,

When, in 1873, I first joined the University, I experienced some appreciable disappointments. Above all, I found that I was expected to feel myself inferior and an alien because I was a Jew. I refused absolutely to do the first of these things. I have never been able to see why I should feel ashamed of my descent or, as people were beginning to say, of my 'race'. I put up, without much regret, with my non-acceptance into the community; for it seemed to me that in spite of this exclusion an active fellow-worker could not fail to find some nook or cranny in the framework of humanity. These first impressions at the University, however, had one consequence which was afterwards to prove important; for at an early age I was made familiar with the fate of being in the Opposition and of being put under the ban of the 'compact majority'.[1] The foundations were thus laid for a certain degree of independence of judgement.

I was compelled, moreover, during my first years at the University, to make the discovery that the peculiarities and limitations of my gifts denied me all success in many of the departments of science into which my youthful eagerness had plunged me. Thus I learned the truth of Mephistopheles' warning:

> Vergebens, dass ihr ringsum wissenschaftlich schweift,
> Ein jeder lernt nur, was er lernen kann.[2]

At length, in Ernst Brucke's[3] physiological laboratory, I found rest and full satisfaction and men, too, whom I could respect and take as my models, the great Brucke himself, and his assistants, Sigmund Exner[4] and Ernst Fleischl von Marxow.[5]

'Fragment uber die Natur', figures in one of Freud's dreams (*Standard Ed.*, 5, 441). It is said that Freud wrote a review of the lecture for a Vienna newspaper; but this has not been traced. See Jones, 1, 53, 31 *n.*]

[1] [The reference is to Ibsen's *Enemy of the People*. Cf. below, p. 274.]

[2] ['It is in vain that you range around from science to science: each man learns only what he can learn.' Goethe, *Faust*, Part I, Scene 4.]

[3] [Ernst Wilhelm von Brücke (1819–92), Professor of Physiology.]

[4] [Sigmund Exner (1846–1926) succeeded Brucke as Professor of Physiology.]

[5] [Ernst Fleischl von Marxow (1840–91) was distinguished both as physicist and physiologist.]

With the last of these, a brilliant man, I was privileged to be upon terms of friendship.[1] Brucke gave me a problem to work out in the histology of the nervous system; I succeeded in solving it to his satisfaction and in carrying the work further on my own account. I worked at this Institute, with short interruptions, from 1876 to 1882, and it was generally thought that I was marked out to fill the next post of Assistant that might fall vacant there.[2] The various branches of medicine proper, apart from psychiatry, had no attraction for me. I was decidedly negligent in pursuing my medical studies, and it was not until 1881 that I took my somewhat belated degree as a Doctor of Medicine.

The turning-point came in 1882, when my teacher, for whom I felt the highest possible esteem, corrected my father's generous improvidence by strongly advising me, in view of my bad financial position, to abandon my theoretical career. I followed his advice, left the physiological laboratory and entered the General Hospital[3] as an *Aspirant* [Clinical Assistant]. I was soon afterwards promoted to being a *Sekundararzt* [Junior or House Physician], and worked in various departments of the hospital, among others for more than six months under Meynert,[4] by whose work and personality I had been greatly struck while I was still a student.

In a certain sense I nevertheless remained faithful to the line of work upon which I had originally started. The subject which Brucke had proposed for my investigations had been the spinal cord of one of the lowest of the fishes (*Ammocoetes Petromyzon*),[5] and I now passed on to the human central nervous system. Just at this time Flechsig's discoveries of the non-simultaneity of the formation of the medullary sheaths were throwing a revealing light upon the intricate course of its tracts. The fact that I began by choosing the medulla oblongata as the one and only subject of my work was another sign of the continuity of my

[1] [This sentence and the last clause of the preceding one were added in 1935, but omitted in 1948.]

[2] [There are many references to this period in *The Interpretation of Dreams* (1900*a*). See, in particular, *Standard Ed.*, 5, 480 ff.]

[3] [The principal hospital in Vienna.]

[4] [Theodor Meynert (1833–92), Professor of Psychiatry.]

[5] [Freud, 1877*a* and 1878*a*.]

development. In complete contrast to the diffuse character of my studies during my earlier years at the University, I was now developing an inclination to concentrate my work exclusively upon a single subject or problem. This inclination has persisted and has since led to my being accused of one-sidedness.

I now became as active a worker in the Institute of Cerebral Anatomy as I had previously been in the physiological one. Some short papers upon the course of the tracts and the nuclear origins in the medulla oblongata[1] date from these hospital years, and some notice was taken of my findings by Edinger.[2] One day Meynert, who had given me access to the laboratory even during the times when I was not actually working under him, proposed that I should definitely devote myself to the anatomy of the brain, and promised to hand over his lecturing work to me, as he felt he was too old to manage the newer methods. This I declined, in alarm at the magnitude of the task, it is possible, too, that I had guessed already that this great man was by no means kindly disposed towards me.

From the material point of view, brain anatomy was certainly no better than physiology, and, with an eye to pecuniary considerations, I began to study nervous diseases. There were, at that time, few specialists in that branch of medicine in Vienna, the material for its study was distributed over a number of different departments of the hospital, there was no satisfactory opportunity of learning the subject, and one was forced to be one's own teacher. Even Nothnagel,[3] who had been appointed a short time before, on account of his book upon cerebral localization,[4] did not single out neuropathology from among the other subdivisions of medicine. In the distance shone the great name of Charcot;[5] so I formed a plan of first obtaining an appointment as University Lecturer [*Dozent*] on Nervous Diseases in Vienna and of then going to Paris to continue my studies.

[1] [Freud, 1885*d*, 1886*b* and 1886*c*.]

[2] [Ludwig Edinger (1855–1918), the well-known Berlin Professor of Neuro-Anatomy.]

[3] [Hermann Nothnagel (1841–1905), Professor of Medicine.]

[4] [Nothnagel, 1879.]

[5] [Jean-Martin Charcot (1825–93), Professor of Neuropathology in Paris. Freud wrote a long appreciation of him on his death (1893*f*).]

In the course of the following years, while I continued to work as a junior physician, I published a number of clinical observations on organic diseases of the nervous system. I gradually became familiar with the ground, I was able to localize the site of a lesion in the medulla oblongata so accurately that the pathological anatomist had no further information to add; I was the first person in Vienna to send a case for autopsy with a diagnosis of polyneuritis acuta.

The fame of my diagnoses and of their *post-mortem* confirmation brought me an influx of American physicians, to whom I lectured upon the patients in my department in a sort of pidgin-English. About the neuroses I understood nothing. On one occasion I introduced to my audience a neurotic suffering from a persistent headache as a case of chronic localized meningitis; they all quite rightly rose in revolt and deserted me, and my premature activities as a teacher came to an end. By way of excuse I may add that this happened at a time when greater authorities than myself in Vienna were in the habit of diagnosing neurasthenia as cerebral tumour.

In the spring of 1885 I was appointed Lecturer [*Dozent*] in Neuropathology on the ground of my histological and clinical publications. Soon afterwards, as the result of a warm testimonial from Brucke, I was awarded a Travelling Bursary of considerable value.[1] In the autumn of the same year I made the journey to Paris.

I became a student [*leve*] at the Salpêtrière, but, as one of the crowd of foreign visitors, I had little attention paid me to begin with. One day in my hearing Charcot expressed his regret that since the war he had heard nothing from the German translator of his lectures; he went on to say that he would be glad if someone would undertake to translate the new volume of his lectures into German. I wrote to him and offered to do so, I can still remember a phrase in the letter, to the effect that I suffered only from '*l'aphasie motrice*' and not from '*l'aphasie sensorielle du français*'. Charcot accepted the offer, I was admitted to the circle of his personal acquaintances, and from that time forward I took a full part in all that went on at the Clinic.

[1] [The amount was 600 florins, worth something under £50 or $250 at the time. Freud's official report on his visits to Paris and Berlin has now become available (Freud, 1956*a* [1886].)]

As I write these lines, a number of papers and newspaper articles have reached me from France, which give evidence of a violent objection to the acceptance of psycho-analysis, and which often make the most inaccurate assertions in regard to my relations with the French school. I read, for instance, that I made use of my visit to Paris to familiarize myself with the theories of Pierre Janet and then made off with my booty. I should therefore like to say explicitly that during the whole of my visit to the Salpêtrière Janet's name was never so much as mentioned.

What impressed me most of all while I was with Charcot were his latest investigations upon hysteria, some of which were carried out under my own eyes. He had proved, for instance, the genuineness of hysterical phenomena and their conformity to laws ('*introrte et hic du sunt*',[1] the frequent occurrence of hysteria in men, the production of hysterical paralyses and contractures by hypnotic suggestion and the fact that such artificial products showed, down to their smallest details, the same features as spontaneous attacks, which were often brought on traumatically. Many of Charcot's demonstrations began by provoking in me and in other visitors a sense of astonishment and an inclination to scepticism, which we tried to justify by an appeal to one of the theories of the day. He was always friendly and patient in dealing with such doubts, but he was also most decided; it was in one of these discussions that (speaking of theory) he remarked, '*Ça n'empêche pas d'exister*', a *mot* which left an indelible mark upon my mind.[2]

No doubt not the whole of what Charcot taught us at that time holds good to-day, some of it has become doubtful, some has definitely failed to withstand the test of time. But enough is left over that has found a permanent place in the storehouse of science. Before leaving Paris I discussed with the great man

[1] [In a letter to Fliess of December 4, 1896 (Freud, 1950*a*, Letter 51), Freud quoted these words as a 'proud motto' for a chapter on the psychology of hysteria in a book that he was planning (but never wrote). The phrase is more usually quoted as '*Introite, nam et hic dii sunt*', ('Enter, for here too are gods'). It was used by Lessing as a motto for his play *Nathan der Weise*. Aristotle, in *De partib. animal.*, I, 5, attributes it in its Greek form to Heraclitus.]

[2] [A footnote by Freud to one of his translations of Charcot (Freud, 1892–94*a*, 216) shows that this remark was addressed to him himself.]

a plan for a comparative study of hysterical and organic paralyses. I wished to establish the thesis that in hysteria paralyses and anaesthesias of the various parts of the body are demarcated according to the popular idea of their limits and not according to anatomical facts. He agreed with this view, but it was easy to see that in reality he took no special interest in penetrating more deeply into the psychology of the neuroses.[1] When all is said and done, it was from pathological anatomy that his work had started.

Before I returned to Vienna I stopped for a few weeks in Berlin, in order to gain a little knowledge of the general disorders of childhood. Kassowitz,[2] who was at the head of a public institute in Vienna for the treatment of children's diseases, had promised to put me in charge of a department for the nervous diseases of children. In Berlin I was given assistance and a friendly reception by Baginsky.[3] In the course of the next few years I published, from the Kassowitz Institute, several monographs of considerable size on unilateral and bilateral cerebral palsies in children.[4] And for that reason, at a later date (in 1897), Nothnagel made me responsible for dealing with the same subject in his great *Handbuch der allgemeinen und speziellen Therapie*.[5]

In the autumn of 1886 I settled down in Vienna as a physician, and married the girl who had been waiting for me in a distant city for more than four years. I may here go back a little and explain how it was the fault of my *fiancée* that I was not already famous at that youthful age.[6] A side interest, though it was a deep one, had led me in 1884 to obtain from Merck[7] some of what was then the little-known alkaloid cocaine and to study its physiological action. While I was in the middle of this work, an opportunity arose for making a journey to visit my *fiancée*, from whom I had been parted for two years. I hastily wound up my investigation of cocaine and con-

[1] [Some seven years later Freud published his paper on the subject, in French (1893*c*).]

[2] [Max Kassowitz (1842–1913), the Vienna paediatrician.]

[3] [Adolf Baginsky (1843–1918), was the editor of a paediatric journal to which Freud contributed neurological abstracts.]

[4] [Cf. Freud, 1891*a* and 1893*b*.] [5] [Freud, 1897*a*.]

[6] [This episode is discussed at length in Chapter VI of Jones, 1953.]

[7] [A chemical firm in Darmstadt.]

tented myself in my monograph on the subject [1884*e*] with prophesying that further uses for it would soon be found. I suggested, however, to my friend Konigstein,[1] the ophthalmologist, that he should investigate the question of how far the anaesthetizing properties of cocaine were applicable in diseases of the eye. When I returned from my holiday I found that not he, but another of my friends, Carl Koller (now in New York), whom I had also spoken to about cocaine, had made the decisive experiments upon animals' eyes and had demonstrated them at the Ophthalmological Congress at Heidelberg. Koller is therefore rightly regarded as the discoverer of local anaesthesia by cocaine, which has become so important in minor surgery; but I bore my *fiancée* no grudge for the interruption.[2]

I will now return to the year 1886, the time of my settling down in Vienna as a specialist in nervous diseases. The duty devolved upon me of giving a report before the 'Gesellschaft der Aerzte' [Society of Medicine] upon what I had seen and learnt with Charcot. But I met with a bad reception. Persons of authority, such as the chairman (Bamberger, the physician), declared that what I said was incredible. Meynert challenged me to find some cases in Vienna similar to those which I had described and to present them before the Society. I tried to do so, but the senior physicians in whose departments I found any such cases refused to allow me to observe them or to work at them. One of them, an old surgeon, actually broke out with the exclamation: 'But, my dear sir, how can you talk such nonsense? *Hysteron (sic)* means the uterus. So how can a man be hysterical?' I objected in vain that what I wanted was not to have my diagnosis approved, but to have the case put at my disposal. At length, outside the hospital, I came upon a case of classical hysterical hemi-anaesthesia in a man, and demonstrated it before the 'Gesellschaft der Aerzte' [1886*d*]. This time I was applauded, but no further interest was taken in me. The impression that the high authorities had rejected my innovations remained unshaken; and, with my hysteria in

[1] [Leopold Konigstein (1870–1924), Professor of Ophthalmology, was a life-long friend of Freud's.]

[2] [In 1924 this read '*mein damaliges Versäumnis* (my omission at the time)'. This was changed in 1935 to '*die damalige Störung* (the interruption at the time,'. This change has not been made in the 1948 edition.]

men and my production of hysterical paralyses by suggestion, I found myself forced into the Opposition. As I was soon afterwards excluded from the laboratory of cerebral anatomy[1] and for terms on end had nowhere to deliver my lectures, I withdrew from academic life and ceased to attend the learned societies. It is a whole generation since I have visited the 'Gesellschaft der Aerzte'.

Anyone who wants to make a living from the treatment of nervous patients must clearly be able to do something to help them. My therapeutic arsenal contained only two weapons, electrotherapy and hypnotism, for prescribing a visit to a hydropathic establishment after a single consultation was an inadequate source of income. My knowledge of electrotherapy was derived from W. Erb's text-book [1892], which provided detailed instructions for the treatment of all the symptoms of nervous diseases. Unluckily I was soon driven to see that following these instructions was of no help whatever and that what I had taken for an epitome of exact observations was merely the construction of phantasy. The realization that the work of the greatest name in German neuropathology had no more relation to reality than some 'Egyptian' dream-book, such as is sold in cheap book-shops, was painful, but it helped to rid me of another shred of the innocent faith in authority from which I was not yet free. So I put my electrical apparatus aside, even before Moebius had saved the situation by explaining that the successes of electric treatment in nervous disorders—in so far as there were any, were the effect of suggestion on the part of the physician.

With hypnotism the case was better. While I was still a student I had attended a public exhibition given by Hansen the 'magnetist', and had noticed that one of the subjects experimented upon had become deathly pale at the onset of cataleptic rigidity and had remained so as long as that condition lasted. This firmly convinced me of the genuineness of the phenomena of hypnosis. Scientific support was soon afterwards given to this view by Heidenhain; but that did not restrain the professors

[1] [Freud's relations with Meynert are discussed among the associations to one of his dreams in *The Interpretation of Dreams* (1900*a*), *Standard Ed.* 5, 437–8.]

of psychiatry from declaring for a long time to come that hypnotism was not only fraudulent but dangerous and from regarding hypnotists with contempt. In Paris I had seen hypnotism used freely as a method for producing symptoms in patients and then removing them again. And now the news reached us that a school had arisen at Nancy which made an extensive and remarkably successful use of suggestion, with or without hypnosis, for therapeutic purposes. It thus came about, as a matter of course, that in the first years of my activity as a physician my principal instrument of work, apart from haphazard and unsystematic psychotherapeutic methods, was hypnotic suggestion.

This implied, of course, that I abandoned the treatment of organic nervous diseases; but that was of little importance. For on the one hand the prospects in the treatment of such disorders were in any case never promising, while, on the other hand, in the private practice of a physician working in a large town, the quantity of such patients was nothing compared to the crowds of neurotics, whose number seemed further multiplied by the way in which they hurried, with their troubles unsolved, from one physician to another. And, apart from this, there was something positively seductive in working with hypnotism. For the first time there was a sense of having overcome one's helplessness; and it was highly flattering to enjoy the reputation of being a miracle-worker. It was not until later that I was to discover the drawbacks of the procedure. At the moment there were only two points to complain of: first, that I could not succeed in hypnotizing every patient, and secondly, that I was unable to put individual patients into as deep a state of hypnosis as I should have wished. With the idea of perfecting my hypnotic technique, I made a journey to Nancy in the summer of 1889 and spent several weeks there. I witnessed the moving spectacle of old Liébeault working among the poor women and children of the labouring classes. I was a spectator of Bernheim's astonishing experiments upon his hospital patients, and I received the profoundest impression of the possibility that there could be powerful mental processes which nevertheless remained hidden from the consciousness of men. Thinking it would be instructive, I had persuaded one of my patients to follow me to Nancy. This patient was a very highly

gifted hysteric, a woman of good birth, who had been handed over to me because no one knew what to do with her. By hypnotic influence I had made it possible for her to lead a tolerable existence and I was always able to take her out of the misery of her condition. But she always relapsed again after a short time, and in my ignorance I attributed this to the fact that her hypnosis had never reached the stage of somnambulism with amnesia. Bernheim now attempted several times to bring this about, but he too failed. He frankly admitted to me that his great therapeutic successes by means of suggestion were only achieved in his hospital practice and not with his private patients. I had many stimulating conversations with him, and undertook to translate into German his two works upon suggestion and its therapeutic effects.[1]

During the period from 1886 to 1891 I did little scientific work, and published scarcely anything. I was occupied with establishing myself in my new profession and with assuring my own material existence as well as that of a rapidly increasing family. In 1891 there appeared the first of my studies on the cerebral palsies of children, which was written in collaboration with my friend and assistant, Dr. Oskar Rie [Freud, 1891*a*]. An invitation which I received in the same year to contribute to an encyclopaedia of medicine[2] led me to investigate the theory of aphasia. This was at the time dominated by the views of Wernicke and Lichtheim, which laid stress exclusively upon localization. The fruit of this enquiry was a small critical and speculative book, *Zur Auffassung der Aphasien* [1891*b*].

But I must now show how it happened that scientific research once more became the chief interest of my life.

[1] [This must be a mistake, since the first of Freud's translations of Bernheim was published *before* his visit to Nancy. Freud, 1888–9. The second appeared in 1892.]

[2] [Villaret's *Handwörterbuch*, to which Freud contributed some unsigned and not certainly identifiable articles (1888*b* and 1891*c*).]

II

I must supplement what I have just said by explaining that from the very first I made use of hypnosis in *another* manner, apart from hypnotic suggestion. I used it for questioning the patient upon the origin of his symptom, which in his waking state he could often describe only very imperfectly or not at all. Not only did this method seem more effective than mere suggestive commands or prohibitions, but it also satisfied the curiosity of the physician, who, after all, had a right to learn something of the origin of the phenomenon which he was striving to remove by the monotonous procedure of suggestion.

The manner in which I arrived at this other procedure was as follows. While I was still working in Brücke's laboratory I had made the acquaintance of Dr. Josef Breuer,[1] who was one of the most respected family physicians in Vienna, but who also had a scientific past, since he had produced several works of permanent value upon the physiology of respiration and upon the organ of equilibrium. He was a man of striking intelligence and fourteen years older than myself. Our relations soon became more intimate and he became my friend and helper in my difficult circumstances. We grew accustomed to share all our scientific interests with each other. In this relationship the gain was naturally mine. The development of psycho-analysis afterwards cost me his friendship. It was not easy for me to pay such a price, but I could not escape it.

Even before I went to Paris, Breuer had told me about a case of hysteria which, between 1880 and 1882, he had treated in a peculiar manner which had allowed him to penetrate deeply into the causation and significance of hysterical symptoms. This was at a time, therefore, when Janet's works still belonged to the future. He repeatedly read me pieces of the case history, and I had an impression that it accomplished more towards an understanding of neuroses than any previous observation. I determined to inform Charcot of these discoveries when I reached Paris, and I actually did so. But the great man showed

[1] [1842–1925. Freud wrote more fully about him on the occasion of his death very shortly after the publication of the present work (1925*g*).]

no interest in my first outline of the subject, so that I never returned to it and allowed it to pass from my mind.

When I was back in Vienna I turned once more to Breuer's observation and made him tell me more about it. The patient had been a young girl of unusual education and gifts, who had fallen ill while she was nursing her father, of whom she was devotedly fond. When Breuer took over her case it presented a variegated picture of paralyses with contractures, inhibitions and states of mental confusion. A chance observation showed her physician that she could be relieved of these clouded states of consciousness if she was induced to express in words the affective phantasy by which she was at the moment dominated. From this discovery, Breuer arrived at a new method of treatment. He put her into deep hypnosis and made her tell him each time what it was that was oppressing her mind. After the attacks of depressive confusion had been overcome in this way, he employed the same procedure for removing her inhibitions and physical disorders. In her waking state the girl could no more describe than other patients how her symptoms had arisen, and she could discover no link between them and any experiences of her life. In hypnosis she immediately discovered the missing connection. It turned out that all her symptoms went back to moving events which she had experienced while nursing her father; that is to say, her symptoms had a meaning and were residues or reminiscences of those emotional situations. It was found in most instances that there had been some thought or impulse which she had had to suppress while she was by her father's sick-bed, and that, in place of it, as a substitute for it, the symptom had afterwards appeared. But as a rule the symptom was not the precipitate of a single such 'traumatic' scene, but the result of a summation of a number of similar situations. When the patient recalled a situation of this kind in a hallucinatory way under hypnosis and carried through to its conclusion, with a free expression of emotion, the mental act which she had originally suppressed, the symptom was abolished and did not return. By this procedure Breuer succeeded, after long and painful efforts, in relieving his patient of all her symptoms.

The patient had recovered and had remained well and, in fact, had become capable of doing serious work. But over the

final stage of this hypnotic treatment there rested a veil of obscurity, which Breuer never raised for me, and I could not understand why he had so long kept secret what seemed to me an invaluable discovery instead of making science the richer by it. The immediate question, however, was whether it was possible to generalize from what he had found in a single case. The state of things which he had discovered seemed to me to be of so fundamental a nature that I could not believe it could fail to be present in any case of hysteria if it had been proved to occur in a single one. But the question could only be decided by experience. I therefore began to repeat Breuer's investigations with my own patients and eventually, especially after my visit to Bernheim in 1889 had taught me the limitations of hypnotic suggestion, I worked at nothing else. After observing for several years that his findings were invariably confirmed in every case of hysteria that was accessible to such treatment, and after having accumulated a considerable amount of material in the shape of observations analogous to his, I proposed to him that we should issue a joint publication. At first he objected vehemently, but in the end he gave way, especially since, in the meantime, Janet's works had anticipated some of his results, such as the tracing back of hysterical symptoms to events in the patient's life, and their removal by means of hypnotic reproduction *in statu nascendi*. In 1893 we issued a preliminary communication, 'On the Psychical Mechanism of Hysterical Phenomena', and in 1895 there followed our book, *Studies on Hysteria*.

If the account I have so far given has led the reader to expect that the *Studies on Hysteria* must, in all essentials of their material content, be the product of Breuer's mind, that is precisely what I myself have always maintained and what it has been my aim to repeat here. As regards the *theory* put forward in the book, I was partly responsible, but to an extent which it is to-day no longer possible to determine.[1] That theory was in any case unpretentious and hardly went beyond the direct description of the observations. It did not seek to establish the nature of hysteria but merely to throw light upon the origin of its

[1] [The subject of this paragraph and the next is discussed at some length in the Editor's Introduction to *Studies on Hysteria*, *Standard Ed.*, 2, xxi ff.]

symptoms. Thus it laid stress upon the significance of the life of the emotions and upon the importance of distinguishing between mental acts which are unconscious and those which are conscious (or rather capable of being conscious); it introduced a dynamic factor, by supposing that a symptom arises through the damming-up of an affect, and an economic factor, by regarding that same symptom as the product of the transformation of an amount of energy which would otherwise have been employed in some other way. (This latter process was described as *conversion*.) Breuer spoke of our method as *cathartic*; its therapeutic aim was explained as being to provide that the quota of affect used for maintaining the symptom, which had got on to the wrong lines and had, as it were, become strangulated there, should be directed on to the normal path along which it could obtain discharge (or *abreaction*). The practical results of the cathartic procedure were excellent. Its defects, which became evident later, were those of all forms of hypnotic treatment. There are still a number of psychotherapists who have not gone beyond catharsis as Breuer understood it and who still speak in its favour. Its value as an abridged method of treatment was shown afresh by Simmel [1918] in his treatment of war neuroses in the German army during the Great War. The theory of catharsis had not much to say on the subject of sexuality. In the case histories which I contributed to the *Studies* sexual factors played a certain part, but scarcely more attention was paid to them than to other emotional excitations. Breuer wrote of the girl, who has since become famous as his first patient, that her sexual side was extraordinarily undeveloped.[1] It would have been difficult to guess from the *Studies on Hysteria* what an importance sexuality has in the aetiology of the neuroses.

The stage of development which now followed, the transition from catharsis to psycho-analysis proper, has been described by me several times already in such detail that I shall find it difficult to bring forward any new facts. The event which formed the opening of this period was Breuer's retirement from our common work, so that I became the sole administrator of his legacy. There had been differences of opinion between

[1] [*Standard Ed.*, 2, 21.]

us at quite an early stage, but they had not been a ground for our separating. In answering the question of when it is that a mental process becomes pathogenic (that is, when it is that it becomes impossible for it to be dealt with normally) Breuer preferred what might be called a physiological theory. He thought that the processes which could not find a normal outcome were such as had originated during unusual, 'hypnoid', mental states. This opened the further question of the origin of these hypnoid states. I, on the other hand, was inclined to suspect the existence of an interplay of forces and the operation of intentions and purposes such as are to be observed in normal life. Thus it was a case of 'hypnoid hysteria' versus 'neuroses of defence'. But such differences as this would scarcely have alienated him from the subject if there had not been other factors at work. One of these was undoubtedly that his work as a physician and family doctor took up much of his time, and that he could not, like me, devote his whole strength to the work of catharsis. Again, he was affected by the reception which our book had received both in Vienna and in Germany. His self-confidence and powers of resistance were not developed so fully as the rest of his mental organization. When, for instance, the *Studies* met with a severe rebuff from Strumpell,[1] I was able to laugh at the lack of comprehension which his criticism showed, but Breuer felt hurt and grew discouraged. But what contributed chiefly to his decision was that my own further work led in a direction to which he found it impossible to reconcile himself.

The theory which we had attempted to construct in the *Studies* remained, as I have said, very incomplete; and in particular we had scarcely touched on the problem of aetiology, on the question of the ground in which the pathogenic process takes root. I now learned from my rapidly increasing experience that it was not *any* kind of emotional excitation that was in action behind the phenomena of neurosis but habitually one of a sexual nature, whether it was a current sexual conflict or

[1] [Adolf von Strumpell (1853–1925), the well-known German neurologist, reviewed the book very critically (*Deutsch. Z. Nervenheilk.* **8** [1896], 159).]

the effect of earlier sexual experiences. I was not prepared for this conclusion and my expectations played no part in it, for I had begun my investigation of neurotics quite unsuspectingly. While I was writing my 'History of the Psycho-Analytic Movement' in 1914, there recurred to my mind some remarks that had been made to me by Breuer, Charcot, and Chrobak, which might have led me to this discovery earlier.[1] But at the time I heard them I did not understand what these authorities meant; indeed they had told me more than they knew themselves or were prepared to defend. What I heard from them lay dormant and inactive within me, until the chance of my cathartic experiments brought it out as an apparently original discovery. Nor was I then aware that in deriving hysteria from sexuality I was going back to the very beginnings of medicine and following up a thought of Plato's. It was not until later that I learnt this from an essay by Havelock Ellis.[2]

Under the influence of my surprising discovery, I now took a momentous step. I went beyond the domain of hysteria and began to investigate the sexual life of the so-called neurasthenics who used to visit me in numbers during my consultation hours. This experiment cost me, it is true, my popularity as a doctor, but it brought me convictions which to-day, almost thirty years later, have lost none of their force. There was a great deal of equivocation and mystery-making to be overcome, but, once that had been done, it turned out that in all of these patients grave abuses of the sexual function were present. Considering how extremely widespread are these abuses on the one hand and neurasthenia on the other, a frequent coincidence between the two would not have proved much; but there was more in it than that one bald fact. Closer observation suggested to me that it was possible to pick out from the confused jumble of clinical pictures covered by the name of neurasthenia two fundamentally different types, which might appear in any degree of mixture but which were nevertheless to be observed

[1] [*Standard Ed.*, **14**, 13–14.]

[2] [In a letter to Fliess of January 3, 1899 (Freud, 1950*a*, Letter 101), Freud mentioned an article by Havelock Ellis (1898) which had appeared the previous October in the *St. Louis Alienist and Neurologist* on 'Hysteria in Relation to the Sexual Functions' and which 'begins with Plato and ends with Freud'.]

in their pure forms. In the one type the central phenomenon was the anxiety attack with its equivalents, rudimentary forms and chronic substitutive symptoms; I consequently gave it the name of *anxiety neurosis*, and limited the term *neurasthenia* to the other type.[1] Now it was easy to establish the fact that each of these types had a different abnormality of sexual life as its corresponding aetiological factor: in the former, *coitus interruptus*, unconsummated excitation and sexual abstinence, and in the latter, excessive masturbation and too numerous nocturnal emissions. In a few specially instructive cases, which had shown a surprising alteration in the clinical picture from one type to the other, it could be proved that there had been a corresponding change in the underlying sexual régime. If it was possible to put an end to the abuse and allow its place to be taken by normal sexual activity, a striking improvement in the condition was the reward.

I was thus led into regarding the neuroses as being without exception disturbances of the sexual function, the so-called '*actual neuroses*' being the direct toxic expression of such disturbances and the *psychoneuroses* their mental expression. My medical conscience felt pleased at my having arrived at this conclusion. I hoped that I had filled up a gap in medical science, which, in dealing with a function of such great biological importance, had failed to take into account any injuries beyond those caused by infection or by gross anatomical lesions. The medical aspect of the matter was, moreover, supported by the fact that sexuality was not something purely mental. It had a somatic side as well, and it was possible to assign special chemical processes to it and to attribute sexual excitation to the presence of some particular, though at present unknown, substances.[2] There must also have been some good reason why the true spontaneous neuroses resembled no group of diseases more closely than the phenomena of intoxication and abstinence, which are produced by the administration or privation of certain toxic substances, or than exophthalmic goitre, which is known to depend upon the product of the thyroid gland.

Since that time I have had no opportunity of returning to

[1] [Freud, 1895*b*.]

[2] [Cf. *Three Essays* (1905*d*), *Standard Ed.*, **7**, 215 and 216 *n.*, also Editor's Note, ibid., 127.]

the investigation of the 'actual neuroses'[1]; nor has this part of my work been continued by anyone else. If I look back to-day at my early findings, they strike me as being the first rough outlines of what is probably a far more complicated subject. But on the whole they seem to me still to hold good. I should have been very glad if I had been able, later on, to make a psycho-analytic examination of some more cases of simple juvenile neurasthenia, but unluckily the occasion did not arise. To avoid misconceptions, I should like to make it clear that I am far from denying the existence of mental conflicts and of neurotic complexes in neurasthenia. All that I am asserting is that the symptoms of these patients are not mentally determined or removable by analysis, but that they must be regarded as direct toxic consequences of disturbed sexual chemical processes.

During the years that followed the publication of the *Studies*, having reached these conclusions upon the part played by sexuality in the aetiology of the neuroses, I read some papers on the subject before various medical societies, but was only met with incredulity and contradiction. Breuer did what he could for some time longer to throw the great weight of his personal influence into the scales in my favour, but he effected nothing and it was easy to see that he too shrank from recognizing the sexual aetiology of the neuroses. He might have crushed me or at least disconcerted me by pointing to his own first patient, in whose case sexual factors had ostensibly played no part whatever. But he never did so, and I could not understand why this was, until I came to interpret the case correctly and to reconstruct, from some remarks which he had made, the conclusion of his treatment of it. After the work of catharsis had seemed to be completed, the girl had suddenly developed a condition of 'transference love', he had not connected this with her illness, and had therefore retired in dismay.[2] It was obviously painful to him to be reminded of this apparent *contretemps*. His attitude towards me oscillated for some time

[1] Freud discussed the question further soon after writing this in *Inhibitions, Symptoms and Anxiety* (1926*d*), p. 103 f. below. A list of some of his other references to the subject will be found in an Editor's footnote to his paper on 'Wild' psycho-analysis (1910*k*), *Standard Ed.*, **11**, 224.]

[2] [The full story is told by Ernest Jones (1953), 246 ff.]

between appreciation and sharp criticism, then accidental difficulties arose, as they never fail to do in a strained situation, and we parted.

Another result of my taking up the study of nervous disorders in general was that I altered the technique of catharsis. I abandoned hypnotism and sought to replace it by some other method, because I was anxious not to be restricted to treating hysteriform conditions. Increasing experience had also given rise to two grave doubts in my mind as to the use of hypnotism even as a means to catharsis. The first was that even the most brilliant results were liable to be suddenly wiped away if my personal relation with the patient became disturbed. It was true that they would be re-established if a reconciliation could be effected; but such an occurrence proved that the personal emotional relation between doctor and patient was after all stronger than the whole cathartic process, and it was precisely that factor which escaped every effort at control. And one day I had an experience which showed me in the crudest light what I had long suspected. It related to one of my most acquiescent patients, with whom hypnotism had enabled me to bring about the most marvellous results, and whom I was engaged in relieving of her suffering by tracing back her attacks of pain to their origins. As she woke up on one occasion, she threw her arms round my neck. The unexpected entrance of a servant relieved us from a painful discussion, but from that time onwards there was a tacit understanding between us that the hypnotic treatment should be discontinued. I was modest enough not to attribute the event to my own irresistible personal attraction, and I felt that I had now grasped the nature of the mysterious element that was at work behind hypnotism. In order to exclude it, or at all events to isolate it, it was necessary to abandon hypnotism.

But hypnotism had been of immense help in the cathartic treatment, by widening the field of the patient's consciousness and putting within his reach knowledge which he did not possess in his waking life. It seemed no easy task to find a substitute for it. While I was in this perplexity there came to my help the recollection of an experiment which I had often witnessed while I was with Bernheim. When the subject awoke from the state of somnambulism, he seemed to have lost all

memory of what had happened while he was in that state. But Bernheim maintained that the memory was present all the same; and if he insisted on the subject remembering, if he asseverated that the subject knew it all and had only to say it, and if at the same time he laid his hand on the subject's forehead, then the forgotten memories used in fact to return, hesitatingly at first, but eventually in a flood and with complete clarity.[1] I determined that I would act in the same way. My patients, I reflected, must in fact 'know' all the things which had hitherto only been made accessible to them in hypnosis; and assurances and encouragement on my part, assisted perhaps by the touch of my hand, would, I thought, have the power of forcing the forgotten facts and connections into consciousness. No doubt this seemed a more laborious process than putting the patients into hypnosis, but it might prove highly instructive. So I abandoned hypnotism, only retaining my practice of requiring the patient to lie upon a sofa while I sat behind him, seeing him, but not seen myself.

[1] [Freud gave a detailed account of this episode in one of his very last pieces of writing, the unfinished fragment bearing the English title 'Some Elementary Lessons in Psycho-Analysis' (1940*b* [1938]).]

III

My expectations were fulfilled; I was set free from hypnotism. But along with the change in technique the work of catharsis took on a new complexion. Hypnosis had screened from view an interplay of forces which now came in sight and the understanding of which gave a solid foundation to my theory.

How had it come about that the patients had forgotten so many of the facts of their external and internal lives but could nevertheless recollect them if a particular technique was applied? Observation supplied an exhaustive answer to these questions. Everything that had been forgotten had in some way or other been distressing, it had been either alarming or painful or shameful by the standards of the subject's personality. It was impossible not to conclude that that was precisely why it had been forgotten – that is, why it had not remained conscious. In order to make it conscious again in spite of this, it was necessary to overcome something that fought against one in the patient, it was necessary to make efforts on one's own part so as to urge and compel him to remember. The amount of effort required of the physician varied in different cases, it increased in direct proportion to the difficulty of what had to be remembered. The expenditure of force on the part of the physician was evidently the measure of a *resistance* on the part of the patient. It was only necessary to translate into words what I myself had observed, and I was in possession of the theory of *repression*.

It was now easy to reconstruct the pathogenic process. Let us keep to a simple example, in which a particular impulsion had arisen in the subject's mind but was opposed by other powerful impulsions. We should have expected the mental *conflict* which now arose to take the following course. The two dynamic quantities – for our present purposes let us call them 'the instinct' and 'the resistance' – would struggle with each other for some time in the fullest light of consciousness, until the instinct was repudiated and the cathexis of energy withdrawn from its impulsion. This would have been the normal solution. In a neurosis, however – for reasons which were still unknown), the conflict found a different outcome. The ego drew back, as

it were, on its first collision with the objectionable instinctual impulse; it debarred the impulse from access to consciousness and to direct motor discharge, but at the same time the impulse retained its full cathexis of energy. I named this process *repression*; it was a novelty, and nothing like it had ever before been recognized in mental life. It was obviously a primary mechanism of defence, comparable to an attempt at flight, and was only a forerunner of the later-developed normal condemning judgement. The first act of repression involved further consequences. In the first place the ego was obliged to protect itself against the constant threat of a renewed advance on the part of the repressed impulse by making a permanent expenditure of energy, an *anticathexis*, and it thus impoverished itself. On the other hand, the repressed impulse, which was now *unconscious*, was able to find means of discharge and of substitutive satisfaction by circuitous routes and thus to bring the whole purpose of the repression to nothing. In the case of conversion hysteria the circuitous route led to the somatic innervation; the repressed impulse broke its way through at some point or other and produced *symptoms*. The symptoms were thus results of a compromise, for although they were substitutive satisfactions they were nevertheless distorted and deflected from their aim owing to the resistance of the ego.

The theory of repression became the corner-stone of our understanding of the neuroses. A different view had now to be taken of the task of therapy. Its aim was no longer to 'abreact' an affect which had got on to the wrong lines but to uncover repressions and replace them by acts of judgement which might result either in the accepting or in the condemning of what had formerly been repudiated. I showed my recognition of the new situation by no longer calling my method of investigation and treatment *catharsis* but *psycho-analysis*.

It is possible[1] to take repression as a centre and to bring all the elements of psycho-analytic theory into relation with it. But before doing so I have a further comment of a polemical nature to make. According to Janet's view a hysterical woman was a wretched creature who, on account of a constitutional weakness, was unable to hold her mental acts together, and it was for

[1] [This paragraph was printed in small type in the 1924, 1928 and 1948 editions.]

that reason that she fell a victim to a splitting of her mind and to a restriction of the field of her consciousness. The outcome of psycho-analytic investigations, on the other hand, showed that these phenomena were the result of dynamic factors —of mental conflict and of repression. This distinction seems to me to be far-reaching enough to put an end to the glib repetition of the view that whatever is of value in psychoanalysis is merely borrowed from the ideas of Janet. The reader will have learned from my account that historically psychoanalysis is completely independent of Janet's discoveries, just as in its content it diverges from them and goes far beyond them. Janet's works would never have had the implications which have made psycho-analysis of such importance to the mental sciences and have made it attract such universal interest. I always treated Janet himself with respect, since his discoveries coincided to a considerable extent with those of Breuer, which had been made earlier but were published later than his. But when in the course of time psycho-analysis became a subject of discussion in France, Janet behaved ill, showed ignorance of the facts and used ugly arguments. And finally he revealed himself to my eyes and destroyed the value of his own work by declaring that when he had spoken of 'unconscious' mental acts he had meant nothing by the phrase—it had been no more than a *façon*[1] *de parler*.

But the study of pathogenic repressions and of other phenomena which have still to be mentioned compelled psychoanalysis to take the concept of the 'unconscious' seriously. Psycho-analysis regarded everything mental as being in the first instance unconscious; the further quality of 'consciousness' might also be present, or again it might be absent. This of course provoked a denial from the philosophers, for whom 'conscious' and 'mental' were identical, and who protested that they could not conceive of such an absurdity as the 'unconscious mental'. There was no help for it, however, and this idiosyncrasy of the philosophers could only be disregarded with a shrug. Experience (gained from pathological material, of which the philosophers were ignorant) of the frequency and power of impulses of which one knew nothing directly, and whose

[1] [In the 1928 and 1948 editions this word was altered to '*manière*'.]

existence had to be inferred like some fact in the external world, left no alternative open. It could be pointed out, incidentally, that this was only treating one's own mental life as one had always treated other people's. One did not hesitate to ascribe mental processes to other people, although one had no immediate consciousness of them and could only infer them from their words and actions. But what held good for other people must be applicable to oneself. Anyone who tried to push the argument further and to conclude from it that one's own hidden processes belonged actually to a second *consciousness* would be faced with the concept of a consciousness of which one knew nothing, of an 'unconscious consciousness' and this would scarcely be preferable to the assumption of an 'unconscious mental'. If on the other hand one declared, like some other philosophers, that one was prepared to take pathological phenomena into account, but that the processes underlying them ought not to be described as mental but as 'psychoid', the difference of opinion would degenerate into an unfruitful dispute about words, though even so expediency would decide in favour of keeping the expression 'unconscious mental'. The further question as to the ultimate nature of this unconscious is no more sensible or profitable than the older one as to the nature of the conscious.

It would be more difficult to explain concisely how it came about that psycho-analysis made a further distinction in the unconscious, and separated it into a *preconscious* and an unconscious proper. It will be sufficient to say that it appeared a legitimate course to supplement the theories that were a direct expression of experience with hypotheses that were designed to facilitate the handling of the material and related to matters which could not be a subject of immediate observation. The very same procedure is adopted by the older sciences. The subdivision of the unconscious is part of an attempt to picture the apparatus of the mind as being built up of a number of *agencies* or *systems* whose relations to one another are expressed in spatial terms, without, however, implying any connection with the actual anatomy of the brain. (I have described this as the *topographical* method of approach.) Such ideas as these are part of a speculative superstructure of psycho-analysis, any portion of which can be abandoned or changed without loss or regret

the moment its inadequacy has been proved [1] But there is still plenty to be described that lies closer to actual experience.

I have already mentioned that my investigation of the precipitating and underlying causes of the neuroses led me more and more frequently to conflicts between the subject's sexual impulses and his resistances to sexuality. In my search for the pathogenic situations in which the repressions of sexuality had set in and in which the symptoms, as substitutes for what was repressed, had had their origin, I was carried further and further back into the patient's life and ended by reaching the first years of his childhood. What poets and students of human nature had always asserted turned out to be true the impressions of that early period of life, though they were for the most part buried in amnesia, left ineradicable traces upon the individual's growth and in particular laid down the disposition to any nervous disorder that was to follow. But since these experiences of childhood were always concerned with sexual excitations and the reaction against them, I found myself faced by the fact of *infantile sexuality*—once again a novelty and a contradiction of one of the strongest of human prejudices. Childhood was looked upon as 'innocent' and free from the lusts of sex, and the fight with the demon of 'sensuality' was not thought to begin until the troubled age of puberty. Such occasional sexual activities as it had been impossible to overlook in children were put down as signs of degeneracy or premature depravity or as a curious freak of nature Few of the findings of psycho-analysis have met with such universal contradiction or have aroused such an outburst of indignation as the assertion that the sexual function starts at the beginning of life and reveals its presence by important signs even in childhood. And yet no other finding of analysis can be demonstrated so easily and so completely.

Before going further into the question of infantile sexuality I must mention an error into which I fell for a while and which might well have had fatal consequences for the whole of my work. Under the influence of the technical procedure which I used at that time, the majority of my patients reproduced from their childhood scenes in which they were sexually seduced by

[1] [See below, p. 58 f.]

some grown-up person. With female patients the part of seducer was almost always assigned to their father. I believed these stories, and consequently supposed that I had discovered the roots of the subsequent neurosis in these experiences of sexual seduction in childhood. My confidence was strengthened by a few cases in which relations of this kind with a father, uncle, or elder brother had continued up to an age at which memory was to be trusted. If the reader feels inclined to shake his head at my credulity, I cannot altogether blame him, though I may plead that this was at a time when I was intentionally keeping my critical faculty in abeyance so as to preserve an unprejudiced and receptive attitude towards the many novelties which were coming to my notice every day. When, however, I was at last obliged to recognize that these scenes of seduction had never taken place, and that they were only phantasies which my patients had made up or which I myself had perhaps forced on them, I was for some time completely at a loss.[1] My confidence alike in my technique and in its results suffered a severe blow; it could not be disputed that I had arrived at these scenes by a technical method which I considered correct, and their subject-matter was unquestionably related to the symptoms from which my investigation had started. When I had pulled myself together, I was able to draw the right conclusions from my discovery: namely, that the neurotic symptoms were not related directly to actual events but to wishful phantasies, and that as far as the neurosis was concerned psychical reality was of more importance than material reality. I do not believe even now that I forced the seduction-phantasies on my patients, that I 'suggested' them. I had in fact stumbled for the first time upon the *Oedipus complex*, which was later to assume such an overwhelming importance, but which I did not recognize as yet in its disguise of phantasy. Moreover, seduction during childhood retained a certain share, though a humbler one, in

[1] [Freud's first announcement of the discovery of his mistake was in a letter to Fliess of September 21, 1897 (Freud, 1950*a*, Letter 69). He intimated his change of opinion publicly in a paper on the part played by sexuality in the aetiology of the neuroses (1898*a*, *Standard Ed.*, 3, 274–5). It was not until nearly the end of his life that Freud (in Section III of his paper on 'Female Sexuality', 1931*b*) explained that these phantasies of his patients had in fact originally been connected not with their father but with their mother.]

the aetiology of neuroses. But the seducers turned out as a rule to have been older children.

It will be seen, then, that my mistake was of the same kind as would be made by someone who believed that the legendary story of the early kings of Rome as told by Livy was historical truth instead of what it is in fact—a reaction against the memory of times and circumstances that were insignificant and occasionally, perhaps, inglorious. When the mistake had been cleared up, the path to the study of the sexual life of children lay open. It thus became possible to apply psycho-analysis to another field of science and to use its data as a means of discovering a new piece of biological knowledge.

The sexual function, as I found, is in existence from the very beginning of the individual's life, though at first it is attached to the other vital functions and does not become independent of them until later; it has to pass through a long and complicated process of development before it becomes what we are familiar with as the normal sexual life of the adult. It begins by manifesting itself in the activity of a whole number of *component instincts*. These are dependent upon *erotogenic zones* in the body; some of them make their appearance in pairs of opposite impulses such as sadism and masochism or the impulses to look and to be looked at; they operate independently of one another in a search for pleasure, and they find their object for the most part in the subject's own body. Thus at first the sexual function is non-centralized and predominantly *auto-erotic*. Later, syntheses begin to appear in it, a first stage of organization is reached under the dominance of the *oral* components, an *anal-sadistic* stage follows, and it is only after the third stage has at last been reached that the primacy of the *genitals* is established and that the sexual function begins to serve the ends of reproduction. In the course of this process of development a number of elements of the various component instincts turn out to be unserviceable for this last end and are therefore left on one side or turned to other uses, while others are diverted from their aims and carried over into the genital organization. I gave the name of *libido* to the energy of the sexual instincts and to that form of energy alone. I was next driven to suppose that the libido does not always pass through its prescribed course of development smoothly. As a result either of the excessive

strength of certain of the components or of experiences involving premature satisfaction, *fixations* of the libido may occur at various points in the course of its development. If subsequently a repression takes place, the libido flows back to these points (a process described as *regression*), and it is from them that the energy breaks through in the form of a symptom. Later on it further became clear that the localization of the point of fixation is what determines the *choice of neurosis*, that is, the form in which the subsequent illness makes its appearance.

The process of arriving at an *object*, which plays such an important part in mental life, takes place alongside of the organization of the libido. After the stage of *auto-erotism*, the first love-object in the case of both sexes is the mother; and it seems probable that to begin with a child does not distinguish its mother's organ of nutrition from its own body. Later, but still in the first years of infancy, the relation known as the *Oedipus complex* becomes established: boys concentrate their sexual wishes upon their mother and develop hostile impulses against their father as being a rival, while girls adopt an analogous attitude.[1] All of the different variations and consequences of the Oedipus complex are important; and the innately bisexual constitution of human beings makes itself felt and increases the number of simultaneously active tendencies. Children do not become clear for quite a long time about the differences between the sexes; and during this period of *sexual*

[1] [*Footnote added* 1935.] The information about infantile sexuality was obtained from the study of men and the theory deduced from it was concerned with male children. It was natural enough to expect to find a complete parallel between the two sexes, but this turned out not to hold. Further investigations and reflections revealed profound differences between the sexual development of men and women. The first sexual object of a baby girl, just as of a baby boy, is her mother, and before a woman can reach the end of her normal development she has to change not only her sexual object but also her leading genital zone. From this circumstance difficulties arise and possibilities of inhibition which are not present in the case of men. [Freud had in fact begun to express doubts about the symmetry of the sexual development of the two sexes before the publication of the present work, notably in 'The Dissolution of the Oedipus Complex' [1924*d*], and in another paper written only a very little later than this one on the effects of the distinction between the sexes [1925*j*], he began fully to develop his new views. Cf. the Editor's Note to this last paper, *Standard Ed.*, **19**.]

researches they produce typical *sexual theories* which, being circumscribed by the incompleteness of their authors' own physical development, are a mixture of truth and error and fail to solve the problems of sexual life (the riddle of the Sphinx—that is, the question of where babies come from). We see, then, that a child's first object-choice is an *incestuous* one. The whole course of development that I have described is run through rapidly. For the most remarkable feature of the sexual life of man is its *diphasic* onset, its onset in two waves, with an interval between them. It reaches a first climax in the fourth or fifth year of a child's life. But thereafter this early efflorescence of sexuality passes off, the sexual impulses which have shown such liveliness are overcome by repression, and a *period of latency* follows, which lasts until puberty and during which the *reaction-formations* of morality, shame, and disgust are built up.[1] Of all living creatures man alone seems to show this diphasic onset of sexual growth, and it may perhaps be the biological determinant of his predisposition to neuroses. At puberty the impulses and object-relations of a child's early years become re-animated, and amongst them the emotional ties of its Oedipus complex. In the sexual life of puberty there is a struggle between the urges of early years and the inhibitions of the latency period. Before this, and while the child is at the highest point of its infantile sexual development, a genital organization of a sort is established, but only the male genitals play a part in it, and the female ones remain undiscovered. I have described this as the period of *phallic* primacy.) At this stage the contrast between the sexes is not stated in terms of 'male' or 'female' but of 'possessing a penis' or 'castrated'. The *castration complex* which arises in this connection is of the profoundest importance in the formation alike of character and of neuroses.

In order to make this condensed account of my discoveries upon the sexual life of man more intelligible, I have brought together conclusions which I reached at different dates and incorporated by way of supplement or correction in the successive

[1] *Footnote added* 1935. The period of latency is a physiological phenomenon. It can, however, only give rise to a complete interruption of sexual life in cultural organizations which have made the suppression of infantile sexuality a part of their system. This is not the case with the majority of primitive peoples.

editions of my *Three Essays on the Theory of Sexuality* (1905*d*). I hope it will have been easy to gather the nature of my extension (on which so much stress has been laid and which has excited so much opposition) of the concept of sexuality. That extension is of a twofold kind. In the first place sexuality is divorced from its too close connection with the genitals and is regarded as a more comprehensive bodily function, having pleasure as its goal and only secondarily coming to serve the ends of reproduction. In the second place the sexual impulses are regarded as including all of those merely affectionate and friendly impulses to which usage applies the exceedingly ambiguous word 'love'. I do not, however, consider that these extensions are innovations but rather restorations. they signify the removal of inexpedient limitations of the concept into which we had allowed ourselves to be led.

The detaching of sexuality from the genitals has the advantage of allowing us to bring the sexual activities of children and of perverts into the same scope as those of normal adults. The sexual activities of children have hitherto been entirely neglected and though those of perverts have been recognized it has been with moral indignation and without understanding. Looked at from the psycho-analytic standpoint, even the most eccentric and repellent perversions are explicable as manifestations of component instincts of sexuality which have freed themselves from the primacy of the genitals and are now in pursuit of pleasure on their own account as they were in the very early days of the libido's development. The most important of these perversions, homosexuality, scarcely deserves the name. It can be traced back to the constitutional bisexuality of all human beings and to the after-effects of the phallic primacy. Psycho-analysis enables us to point to some trace or other of a homosexual object-choice in everyone. If I have described children as 'polymorphously perverse',[1] I was only using a terminology that was generally current; no moral judgement was implied by the phrase. Psycho-analysis has no concern whatever with such judgements of value.

The second of my alleged extensions of the concept of sexuality finds its justification in the fact revealed by psycho-analytic investigation that all of these affectionate impulses

[1] [*Standard Ed.*, 7, 191.]

were originally of a completely sexual nature but have become *inhibited in their aim* or *sublimated*. The manner in which the sexual instincts can thus be influenced and diverted enables them to be employed for cultural activities of every kind, to which indeed they bring the most important contributions.

My surprising discoveries as to the sexuality of children were made in the first instance through the analysis of adults. But later (from about 1908 onwards) it became possible to confirm them fully and in every detail by direct observations upon children.[1] Indeed, it is so easy to convince oneself of the regular sexual activities of children that one cannot help asking in astonishment how the human race can have succeeded in overlooking the facts and in maintaining for so long the wishful legend of the asexuality of childhood. This surprising circumstance must be connected with the amnesia which, with the majority of adults, hides their own infancy.

[1] [Cf. the analysis of 'Little Hans' (1909*b*).]

IV

The theories of resistance and of repression, of the unconscious, of the aetiological significance of sexual life and of the importance of infantile experiences — these form the principal constituents of the theoretical structure of psycho-analysis. In these pages, unfortunately, I have been able to describe only the separate elements and not their interconnections and their bearing upon one another. But I am obliged now to turn to the alterations which gradually took place in the technique of the analytic method.

The means which I first adopted for overcoming the patient's resistance, by insistence and encouragement, had been indispensable for the purpose of giving me a first general survey of what was to be expected. But in the long run it proved to be too much of a strain on both sides, and further, it seemed open to certain obvious criticisms. It therefore gave place to another method which was in one sense its opposite. Instead of urging the patient to say something upon some particular subject, I now asked him to abandon himself to a process of *free association* — that is, to say whatever came into his head, while ceasing to give any conscious direction to his thoughts. It was essential, however, that he should bind himself to report literally everything that occurred to his self-perception and not to give way to critical objections which sought to put certain associations on one side on the ground that they were not sufficiently important or that they were irrelevant or that they were altogether meaningless. There was no necessity to repeat explicitly the demand for candour on the patient's part in reporting his thoughts, for it was the precondition of the whole analytic treatment.

It may seem surprising that this method of free association, carried out subject to the observation of the *fundamental rule of psycho-analysis*, should have achieved what was expected of it, namely the bringing into consciousness of the repressed material which was held back by resistances. We must, however, bear in mind that free association is not really free. The patient remains under the influence of the analytic situation even though he is not directing his mental activities on to a particular subject. We shall be justified in assuming that nothing will

occur to him that has not some reference to that situation. His resistance against reproducing the repressed material will now be expressed in two ways. Firstly it will be shown by critical objections; and it was to deal with these that the fundamental rule of psycho-analysis was invented. But if the patient observes that rule and so overcomes his reticences, the resistance will find another means of expression. It will so arrange it that the repressed material itself will never occur to the patient but only something which approximates to it in an allusive way; and the greater the resistance, the more remote from the actual idea that the analyst is in search of will be the substitutive association which the patient has to report. The analyst, who listens composedly but without any constrained effort to the stream of associations and who, from his experience, has a general notion of what to expect, can make use of the material brought to light by the patient according to two possibilities. If the resistance is slight he will be able from the patient's allusions to infer the unconscious material itself, or if the resistance is stronger he will be able to recognize its character from the associations, as they seem to become more remote from the topic in hand, and will explain it to the patient. Uncovering the resistance, however, is the first step towards overcoming it. Thus the work of analysis involves an *art of interpretation*, the successful handling of which may require tact and practice but which is not hard to acquire. But it is not only in the saving of labour that the method of free association has an advantage over the earlier method. It exposes the patient to the least possible amount of compulsion, it never allows of contact being lost with the actual current situation, it guarantees to a great extent that no factor in the structure of the neurosis will be overlooked and that nothing will be introduced into it by the expectations of the analyst. It is left to the patient in all essentials to determine the course of the analysis and the arrangement of the material, any systematic handling of particular symptoms or complexes thus becomes impossible. In complete contrast to what happened with hypnotism and with the urging method, interrelated material makes its appearance at different times and at different points in the treatment. To a spectator, therefore—though in fact there must be none—an analytic treatment would seem completely obscure.

Another advantage of the method is that it need never break down. It must theoretically always be possible to have an association, provided that no conditions are made as to its character. Yet there is one case in which in fact a breakdown occurs with absolute regularity; from its very uniqueness, however, this case too can be interpreted.

I now come to the description of a factor which adds an essential feature to my picture of analysis and which can claim, alike technically and theoretically, to be regarded as of the first importance. In every analytic treatment there arises, without the physician's agency, an intense emotional relationship between the patient and the analyst which is not to be accounted for by the actual situation. It can be of a positive or of a negative character and can vary between the extremes of a passionate, completely sensual love and the unbridled expression of an embittered defiance and hatred. This *transference* —to give it its short name—soon replaces in the patient's mind the desire to be cured, and, so long as it is affectionate and moderate, becomes the agent of the physician's influence and neither more nor less than the mainspring of the joint work of analysis. Later on, when it has become passionate or has been converted into hostility, it becomes the principal tool of the resistance. It may then happen that it will paralyse the patient's powers of associating and endanger the success of the treatment. Yet it would be senseless to try to evade it, for an analysis without transference is an impossibility. It must not be supposed, however, that transference is created by analysis and does not occur apart from it. Transference is merely uncovered and isolated by analysis. It is a universal phenomenon of the human mind, it decides the success of all medical influence, and in fact dominates the whole of each person's relations to his human environment. We can easily recognize it as the same dynamic factor which the hypnotists have named 'suggestibility', which is the agent of hypnotic *rapport* and whose inexplicable behaviour led to difficulties with the cathartic method as well. When there is no inclination to a transference of emotion such as that, or when it has become entirely negative, as happens in dementia praecox or paranoia, then there is also no possibility of influencing the patient by psychological means.

It is perfectly true that psycho-analysis, like other psycho-

therapeutic methods, employs the instrument of suggestion (or transference). But the difference is this, that in analysis it is not allowed to play the decisive part in determining the therapeutic results. It is used instead to induce the patient to perform a piece of psychical work — the overcoming of his transference-resistances — which involves a permanent alteration in his mental economy. The transference is made conscious to the patient by the analyst, and it is resolved by convincing him that in his transference-attitude he is *re-experiencing* emotional relations which had their origin in his earliest object-attachments during the repressed period of his childhood. In this way the transference is changed from the strongest weapon of the resistance into the best instrument of the analytic treatment. Nevertheless its handling remains the most difficult as well as the most important part of the technique of analysis.

With the help of the method of free association and of the related art of interpretation, psycho-analysis succeeded in achieving one thing which appeared to be of no practical importance but which in fact necessarily led to a totally fresh attitude and a fresh scale of values in scientific thought. It became possible to prove that *dreams* have a meaning, and to discover it. In classical antiquity great importance was attached to dreams as foretelling the future, but modern science would have nothing to do with them, it handed them over to superstition, declaring them to be purely 'somatic' processes — a kind of twitching of a mind that is otherwise asleep. It seemed quite inconceivable that anyone who had done serious scientific work could make his appearance as an 'interpreter of dreams'. But by disregarding the excommunication pronounced upon dreams, by treating them as unexplained neurotic symptoms, as delusional or obsessional ideas, by neglecting their apparent content and by making their separate component images into subjects for free association, psycho-analysis arrived at a different conclusion. The numerous associations produced by the dreamer led to the discovery of a thought-structure which could no longer be described as absurd or confused, which ranked as a completely valid psychical product, and of which the *manifest* dream was no more than a distorted, abbreviated, and misunderstood translation, and for the most part a

translation into visual images. These *latent dream-thoughts* contained the meaning of the dream, while its manifest content was simply a make-believe, a façade, which could serve as a starting-point for the associations but not for the interpretation.

There were now a whole series of questions to be answered, among the most important of them being whether the formation of dreams had a motive, under what conditions it took place, by what methods the dream-thoughts (which are invariably full of sense) become converted into the dream (which is often senseless), and others besides. I attempted to solve all of these problems in *The Interpretation of Dreams*, which I published in the year 1900. I can only find space here for the briefest abstract of my investigation. When the latent dream-thoughts that are revealed by the analysis of a dream are examined, one of them is found to stand out from among the rest, which are intelligible and well known to the dreamer. These latter thoughts are residues of waking life (the *day's residues*, as they are called technically); but the isolated thought is found to be a wishful impulse, often of a very repellent kind, which is foreign to the waking life of the dreamer and is consequently disavowed by him with surprise or indignation. This impulse is the actual constructor of the dream: it provides the energy for its production and makes use of the day's residues as material. The dream which thus originates represents a situation of satisfaction for the impulse, it is the fulfilment of its wish. It would not be possible for this process to take place without being favoured by the presence of something in the nature of a state of sleep. The necessary mental precondition of sleep is the concentration of the ego upon the wish to sleep and the withdrawal of psychical energy from all the interests of life. Since at the same time all the paths of approach to motility are blocked, the ego is also able to reduce the expenditure [of energy] by which at other times it maintains the repressions. The unconscious impulse makes use of this nocturnal relaxation of repression in order to push its way into consciousness with the dream. But the repressive resistance of the ego is not abolished in sleep but merely reduced. Some of it remains in the shape of a *censorship of dreams* and forbids the unconscious impulse to express itself in the forms which it would properly assume. In consequence of the severity of the

censorship of dreams, the latent dream-thoughts are obliged to submit to being altered and softened so as to make the forbidden meaning of the dream unrecognizable. This is the explanation of *dream-distortion*, which accounts for the most striking characteristics of the manifest dream. We are therefore justified in asserting that *a dream is the (disguised) fulfilment of a repressed wish*. It will now be seen that dreams are constructed like a neurotic symptom, they are compromises between the demands of a repressed impulse and the resistance of a censoring force in the ego. Since they have a similar origin they are equally unintelligible and stand in equal need of interpretation.

There is no difficulty in discovering the general function of dreaming. It serves the purpose of fending off, by a kind of soothing action, external or internal stimuli which would tend to arouse the sleeper, and thus of securing sleep against interruption. External stimuli are fended off by being given a new interpretation and by being woven into some harmless situation, internal stimuli, caused by instinctual demands, are given free play by the sleeper and allowed to find satisfaction in the formation of dreams, so long as the latent dream-thoughts submit to the control of the censorship. But if they threaten to break free and the meaning of the dream becomes too plain, the sleeper cuts short the dream and wakes in a fright. (Dreams of this class are known as *anxiety-dreams*.) A similar failure in the function of dreaming occurs if an external stimulus becomes too strong to be fended off. (This is the class of *arousal-dreams*.) I have given the name of *dream-work* to the process which, with the co-operation of the censorship, converts the latent thoughts into the manifest content of the dream. It consists of a peculiar way of treating the preconscious material of thought, so that its component parts become *condensed*, its psychical emphasis becomes *displaced*, and the whole of it is translated into visual images or *dramatized*, and completed by a deceptive *secondary revision*. The dream-work is an excellent example of the processes occurring in the deeper, unconscious layers of the mind, which differ considerably from the familiar normal processes of thought. It also displays a number of archaic characteristics, such as the use of a *symbolism* (in this case of a predominantly sexual kind) which it has since also been possible to discover in other spheres of mental activity.

We have explained that the unconscious instinctual impulse of the dream connects itself with a residue of the day, with some interest of waking life which has not been disposed of, it thus gives the dream which it constructs a double value for the work of analysis. For on the one hand a dream that has been analysed reveals itself as the fulfilment of a repressed wish; but on the other hand it may be a continuation of some preconscious activity of the day before and may contain every kind of subject-matter and give expression to an intention, a warning, a reflection, or once more to the fulfilment of a wish. Analysis exploits the dream in both directions, as a means of obtaining knowledge alike of the patient's conscious and of his unconscious processes. It also profits from the fact that dreams have access to the forgotten material of childhood, and so it happens that infantile amnesia is for the most part overcome in connection with the interpretation of dreams. In this respect dreams achieve a part of what was previously the task of hypnotism. On the other hand, I have never maintained the assertion which has so often been ascribed to me that dream-interpretation shows that all dreams have a sexual content or are derived from sexual motive forces. It is easy to see that hunger, thirst, or the need to excrete, can produce dreams of satisfaction just as well as any repressed sexual or egoistic impulse. The case of young children affords us a convenient test of the validity of our theory of dreams. In them the various psychical systems are not yet sharply divided and the repressions have not yet grown deep, so that we often come upon dreams which are nothing more than undisguised fulfilments of wishful impulses left over from waking life. Under the influence of imperative needs, adults may also produce dreams of this infantile type.[1]

In the same way that psycho-analysis makes use of dream-interpretation, it also profits by the study of the numerous little slips and mistakes which people make – symptomatic actions,

[1] (*Footnote added* 1935.) When it is considered how frequently the function of dreaming miscarries, the dream may aptly be characterized as an *attempt* at the fulfilment of a wish. Aristotle's old definition of the dream as mental life during sleep still holds good. There was a reason for my choosing as the title of my book not *The Dream* but *The Interpretation of Dreams*.

as they are called. I investigated this subject in a series of papers which were published for the first time in book form in 1904 under the title of *The Psychopathology of Everyday Life* [Freud, 1901*b*]. In this widely circulated work I have pointed out that these phenomena are not accidental, that they require more than physiological explanations, that they have a meaning and can be interpreted, and that one is justified in inferring from them the presence of restrained or repressed impulses and intentions. But what constitutes the enormous importance of dream-interpretation, as well as of this latter study, is not the assistance they give to the work of analysis but another of their attributes. Previously psycho-analysis had only been concerned with solving pathological phenomena and in order to explain them it had often been driven into making assumptions whose comprehensiveness was out of all proportion to the importance of the actual material under consideration. But when it came to dreams, it was no longer dealing with a pathological symptom, but with a phenomenon of normal mental life which might occur in any healthy person. If dreams turned out to be constructed like symptoms, if their explanation required the same assumptions—the repression of impulses, substitutive formation, compromise-formation, the dividing of the conscious and the unconscious into various psychical systems—then psychoanalysis was no longer an auxiliary science in the field of psychopathology, it was rather the starting-point of a new and deeper science of the mind which would be equally indispensable for the understanding of the normal. Its postulates and findings could be carried over to other regions of mental happening; a path lay open to it that led far afield, into spheres of universal interest.

V

I MUST interrupt my account of the internal growth of psycho-analysis and turn to its external history. What I have so far described of its discoveries has related for the most part to the results of my own work, but I have also filled in my story with material from later dates and have not distinguished between my own contributions and those of my pupils and followers.

For more than ten years after my separation from Breuer I had no followers. I was completely isolated. In Vienna I was shunned, abroad no notice was taken of me. My *Interpretation of Dreams*, published in 1900, was scarcely reviewed in the technical journals. In my paper 'On the History of the Psycho-Analytic Movement' [1914*d*] I mentioned as an instance of the attitude adopted by psychiatric circles in Vienna a conversation with an assistant at the clinic [at which I lectured], who had written a book against my theories but had never read my *Interpretation of Dreams*. He had been told at the clinic that it was not worth while. The man in question, who has since become a professor, has gone so far as to repudiate my report of the conversation and to throw doubts in general upon the accuracy of my recollection. I can only say that I stand by every word of the account I then gave.[1]

As soon as I realized the inevitable nature of what I had come up against, my sensitiveness greatly diminished. Moreover my isolation gradually came to an end. To begin with, a small circle of pupils gathered round me in Vienna, and then, after 1906, came the news that the psychiatrists at Zurich, E. Bleuler,[2] his assistant C. G. Jung, and others, were taking a lively interest in psycho-analysis. We got into personal touch with one another, and at Easter 1908 the friends of the young science met at Salzburg, agreed upon the regular repetition of similar informal congresses and arranged for the publication of a journal which was edited by Jung and was given the title of *Jahrbuch für psychoanalytische und psychopathologische Forschungen* [*Yearbook for Psycho-Analytic and Psychopathological Researches*]. It

[1] [Cf. *Standard Ed.*, **14**, 23.]

[2] [Eugen Bleuler (1857–1939) was at the head of the Burghölzli, the Zurich public mental hospital.]

was brought out under the direction of Bleuler and myself and ceased publication at the beginning of the [first] World War. At the same time that the Swiss psychiatrists joined the movement, interest in psycho-analysis began to be aroused all over Germany as well, it became the subject of a large number of written comments and of lively discussions at scientific congresses. But its reception was nowhere friendly or even benevolently non-committal. After the briefest acquaintance with psycho-analysis German science was united in rejecting it.

Even to-day it is of course impossible for me to foresee the final judgment of posterity upon the value of psycho-analysis for psychiatry, psychology, and the mental sciences in general. But I fancy that, when the history of the phase we have lived through comes to be written, German science will not have cause to be proud of those who represented it. I am not thinking of the fact that they rejected psycho-analysis or of the decisive way in which they did so; both of these things were easily intelligible, they were only to be expected and at any rate they threw no discredit on the character of the opponents of analysis. But for the degree of arrogance which they displayed, for their conscienceless contempt of logic, and for the coarseness and bad taste of their attacks there could be no excuse. It may be said that it is childish of me to give free rein to such feelings as these now, after fifteen years have passed, nor would I do so unless I had something more to add. Years later, during the World War, when a chorus of enemies were bringing against the German nation the charge of barbarism, a charge which sums up all that I have written above, it none the less hurt deeply to feel that my own experience would not allow me to contradict it.[1]

One of my opponents[2] boasted of silencing his patients as soon as they began to talk of anything sexual and evidently thought that this technique gave him a right to judge the part played by sexuality in the aetiology of the neuroses. Apart from emotional resistances, which were so easily explicable by the psycho-analytic theory that it was impossible to be misled by

[1] [Cf. a paragraph in 'Thoughts for the Times on War and Death', written during the war (1915*b*, *Standard Ed.*, **14**, 279).]

[2] [This paragraph was printed in small type in the 1924, 1928 and 1948 editions.]

them, it seemed to me that the main obstacle to agreement lay in the fact that my opponents regarded psycho-analysis as a product of my speculative imagination and were unwilling to believe in the long, patient and unbiased work which had gone to its making. Since in their opinion analysis had nothing to do with observation or experience, they believed that they themselves were justified in rejecting it without experience. Others again, who did not feel so strongly convinced of this, repeated in their resistance the classical manœuvre of not looking through the microscope so as to avoid seeing what they had denied. It is remarkable, indeed, how incorrectly most people act when they are obliged to form a judgement of their own on some new subject. For years I have been told by 'benevolent' critics—and I hear the same thing even to-day—that psycho-analysis is right up to such-and-such a point but that there it begins to exaggerate and to generalize without justification. And I know that, though nothing is more difficult than to decide where such a point lies, these critics had been completely ignorant of the whole subject only a few weeks or days earlier.

The result of the official anathema against psycho-analysis was that the analysts began to come closer together. At the second Congress, held at Nuremberg in 1910, they formed themselves, on the proposal of Ferenczi, into an 'International Psycho-Analytical Association' divided into a number of local societies but under a common President. The Association survived the Great War and still exists, consisting to-day of branch societies in Austria, Germany, Hungary, Switzerland, Great Britain, Holland, Russia, and India, as well as two in the United States.[1] I arranged that C. G. Jung should be appointed as the first President, which turned out later to have been a most unfortunate step. At the same time a second journal devoted to psycho-analysis was started, the *Zentralblatt für Psychoanalyse* [*Central Journal for Psycho-Analysis*], edited by Adler and Stekel, and a little later a third, *Imago*, edited by two non-medical analysts, H. Sachs and O. Rank, and intended to

[1] [In the German this reads '. . . local groups in Vienna, Berlin, Budapest, Zurich, London, Holland, New York, Pan-America, Moscow and Calcutta'. The author specially approved the change for the English translation.]

deal with the application of analysis to the mental sciences. Soon afterwards Bleuler [1910] published a paper in defence of psycho-analysis. Though it was a relief to find honesty and straightforward logic for once taking part in the dispute, yet I could not feel completely satisfied by Bleuler's essay. He strove too eagerly after an appearance of impartiality, nor is it a matter of chance that it is to him that our science owes the valuable concept of *ambivalence*. In later papers Bleuler adopted such a critical attitude towards the theoretical structure of analysis and rejected or threw doubts upon such essential parts of it that I could not help asking myself in astonishment what could be left of it for him to advance. Yet not only has he subsequently uttered the strongest pleas in favour of 'depth psychology' but he based his comprehensive study of schizophrenia [Bleuler, 1911] upon it. Nevertheless Bleuler did not for long remain a member of the International Psycho-Analytical Association; he resigned from it as a result of misunderstandings with Jung, and the Berghölzli[1] was lost to analysis.

Official disapproval could not hinder the spread of psycho-analysis either in Germany or in other countries. I have elsewhere [1914*d*] followed the stages of its growth and given the names of those who were its first representatives. In 1909 G. Stanley Hall invited Jung and me to America to go to Clark University, Worcester, Mass., of which he was President, and to spend a week giving lectures (in German) at the celebration of the twentieth anniversary of that body's foundation. Hall was justly esteemed as a psychologist and educationalist, and had introduced psycho-analysis into his courses several years earlier, there was a touch of the 'king-maker' about him, a pleasure in setting up authorities and in then deposing them. We also met James J. Putnam there, the Harvard neurologist, who in spite of his age was an enthusiastic supporter of psycho-analysis and threw the whole weight of a personality that was universally respected into the defence of the cultural value of analysis and the purity of its aims. He was an estimable man, in whom, as a reaction against a predisposition to obsessional neurosis, an ethical bias predominated, and the only thing in him that was disquieting was his inclination to attach psycho-analysis to a particular philosophical system and to make it

[1] [See footnote 2, p. 48, above.]

the servant of moral aims.[1] Another event of this time which made a lasting impression on me was a meeting with William James the philosopher. I shall never forget one little scene that occurred as we were on a walk together. He stopped suddenly, handed me a bag he was carrying and asked me to walk on, saying that he would catch me up as soon as he had got through an attack of angina pectoris which was just coming on. He died of that disease a year later; and I have always wished that I might be as fearless as he was in the face of approaching death.

At that time I was only fifty-three. I felt young and healthy, and my short visit to the new world encouraged my self respect in every way. In Europe I felt as though I were despised, but over there I found myself received by the foremost men as an equal. As I stepped on to the platform at Worcester to deliver my *Five Lectures on Psycho-Analysis* [1910a] it seemed like the realization of some incredible day-dream: psycho-analysis was no longer a product of delusion, it had become a valuable part of reality. It has not lost ground in America since our visit, it is extremely popular among the lay public and is recognized by a number of official psychiatrists as an important element in medical training. Unfortunately, however, it has suffered a great deal from being watered down. Moreover, many abuses which have no relation to it find a cover under its name, and there are few opportunities for any thorough training in technique or theory. In America, too, it has come in conflict with Behaviourism, a theory which is naive enough to boast that it has put the whole problem of psychology completely out of court.

In Europe during the years 1911–13 two secessionist movements from psycho-analysis took place, led by men who had previously played a considerable part in the young science, Alfred Adler and C. G. Jung. Both movements seemed most threatening and quickly obtained a large following. But their strength lay, not in their own content, but in the temptation which they offered of being freed from what were felt as the repellent findings of psycho-analysis even though its actual material was no longer rejected. Jung attempted to give to the

[1] [Cf. Freud's obituary of him (1910*b*) and his preface to a collection of his writings (1921*a*).]

facts of analysis a fresh interpretation of an abstract, impersonal and non-historical character, and thus hoped to escape the need for recognizing the importance of infantile sexuality and of the Oedipus complex as well as the necessity for any analysis of childhood. Adler seemed to depart still further from psychoanalysis, he entirely repudiated the importance of sexuality, traced back the formation both of character and of the neuroses solely to men's desire for power and to their need to compensate for their constitutional inferiorities, and threw all the psychological discoveries of psycho-analysis to the winds. But what he had rejected forced its way back into his closed system under other names, his 'masculine protest' is nothing else than repression unjustifiably sexualized. The criticism with which the two heretics were met was a mild one, I only insisted that both Adler and Jung should cease to describe their theories as 'psycho-analysis'. After a lapse of ten years it can be asserted that both of these attempts against psycho-analysis have blown over without doing any harm.

If a community is based on agreement upon a few cardinal points, it is obvious that people who have abandoned that common ground will cease to belong to it. Yet the secession of former pupils has often been brought up against me as a sign of my intolerance or has been regarded as evidence of some special fatality that hangs over me. It is a sufficient answer to point out that in contrast to those who have left me, like Jung, Adler, Stekel, and a few besides, there are a great number of men, like Abraham, Eitingon, Ferenczi, Rank, Jones, Brill, Sachs, Pfister, van Emden, Reik, and others, who have worked with me for some fifteen years in loyal collaboration and for the most part in uninterrupted friendship. I have only mentioned the eldest of my pupils, who have already made a distinguished name for themselves in the literature of psycho-analysis, if I have passed over others, that is not to be taken as a slight, and indeed among those who are young and have joined me lately talents are to be found on which great hopes may be set. But I think I can say in my defence that an intolerant man, dominated by an arrogant belief in his own infallibility, would never have been able to maintain his hold upon so large a number of intellectually eminent people, especially if he had at his command as few practical attractions as I had.

The World War, which broke up so many other organizations, could do nothing against our 'International'. The first meeting after the war took place in 1920, at The Hague, on neutral ground. It was moving to see how hospitably the Dutch welcomed the starving and impoverished subjects of the Central European states, and I believe this was the first occasion in a ruined world on which Englishmen and Germans sat at the same table for the friendly discussion of scientific interests. Both in Germany and in the countries of Western Europe the war had actually stimulated interest in psycho-analysis. The observation of war neuroses had at last opened the eyes of the medical profession to the importance of psychogenesis in neurotic disturbances, and some of our psychological conceptions, such as the 'gain from illness' and the 'flight into illness', quickly became popular. The last Congress before the German collapse, which was held at Budapest in 1918, was attended by official representatives of the allied governments of the Central European powers, and they agreed to the establishment of psycho-analytic Centres for the treatment of war neuroses. But this point was never reached. Similarly too the comprehensive plans made by one of our leading members, Dr. Anton von Freund, for establishing in Budapest a centre for analytic study and treatment came to grief as a result of the political upheavals that followed soon afterwards and of the premature death of their irreplaceable author.[1] At a later date some of his ideas were put into execution by Max Eitingon, who in 1920 founded a psycho-analytical clinic in Berlin. During the brief period of Bolshevik rule in Hungary, Ferenczi was still able to carry on a successful course of instruction as the official representative of psycho-analysis at the University of Budapest. After the war our opponents were pleased to announce that events had produced a conclusive argument against the validity of the theses of analysis. The war neuroses, they said, had proved that sexual factors were unnecessary to the aetiology of neurotic disorders. But their triumph was frivolous and premature. For on the one hand no one had been able to carry out a thorough analysis of a case of war neurosis, so that in fact nothing whatever was known for certain as to their motivation and no conclusions could be drawn from this uncertainty; while on the other hand

[1] [Freud wrote his obituary (1920c).]

psycho-analysis had long before arrived at the concept of narcissism and of narcissistic neuroses, in which the subject's libido is attached to his own ego instead of to an object.[1] Though on other occasions, therefore, the charge was brought against psycho-analysis of having made an unjustifiable extension of the concept of sexuality, yet, when it became convenient for controversial ends, this crime was forgotten and we were once more held down to the narrowest meaning of the word.

If the preliminary cathartic period is left on one side, the history of psycho-analysis falls from my point of view into two phases. In the first of these I stood alone and had to do all the work myself, this was from 1893–6 until 1906 or 1907. In the second phase, lasting from then until the present time, the contributions of my pupils and collaborators have been growing more and more in importance, so that to-day, when a grave illness warns me of the approaching end, I can think with a quiet mind of the cessation of my own labours.[2] For that very reason, however, it is impossible for me in this *Autobiographical Study* to deal as fully with the progress of psycho-analysis during the second phase as I did with its gradual rise during the first phase, which was concerned with my own activity alone. I feel that I should only be justified in mentioning here those new discoveries in which I still played a prominent part, in particular, therefore, those made in the sphere of narcissism, of the theory of the instincts, and of the application of psycho-analysis to the psychoses.

I must begin by adding that increasing experience showed more and more plainly that the Oedipus complex was the nucleus of the neuroses. It was at once the climax of infantile sexual life and the point of junction from which all of its later developments proceeded. But if so, it was no longer possible to expect analysis to discover a factor that was specific in the aetiology of the neuroses. It must be true, as Jung expressed it so well in the early days when he was still an analyst, that neuroses have no peculiar content which belongs exclusively to them but that neurotics break down at the same difficulties

[1] [Cf. Freud's introduction to a book on the war neuroses (1919*d*).]

[2] [Freud had in fact more than a dozen years of active life before him when he wrote this. See below, p. 71.]

that are successfully overcome by normal people. This discovery was very far from being a disappointment. It was in complete harmony with another one that the depth-psychology revealed by psycho-analysis was in fact the psychology of the normal mind. Our path had been like that of chemistry, the great qualitative differences between substances were traced back to quantitative variations in the proportions in which the same elements were combined.

In the Oedipus complex the libido was seen to be attached to the image of the parental figures. But earlier there was a period in which there were no such objects. There followed from this fact the concept (of fundamental importance for the libido theory) of a state in which the subject's libido filled his own ego and had that for its object. This state could be called *narcissism* or self-love. A moment's reflection showed that this state never completely ceases. All through the subject's life his ego remains the great reservoir of his libido, from which object-cathexes are sent out and into which the libido can stream back again from the objects.[1] Thus narcissistic libido is constantly being transformed into object-libido, and *vice versa*. An excellent instance of the length to which this transformation can go is afforded by the state of being in love, whether in a sexual or sublimated manner, which goes so far as involving a sacrifice of the self. Whereas hitherto in considering the process of repression attention had only been paid to what was repressed, these ideas made it possible to form a correct estimate of the repressing forces too. It had been said that repression was set in action by the instincts of self-preservation operating in the ego (the 'ego-instincts') and that it was brought to bear upon the libidinal instincts. But since the instincts of self-preservation were now recognized as also being of a libidinal nature, as being narcissistic libido, the process of repression was seen to be a process occurring within the libido itself, narcissistic libido was opposed to object-libido, the interest of self-preservation was defending itself against the demands of object-love, and therefore against the demands of sexuality in the narrower sense as well.

There is no more urgent need in psychology than for a securely founded theory of the instincts on which it might then

[1] [A discussion of this will be found in Appendix B to *The Ego and the Id* in *Standard Ed.*, 19.]

be possible to build further.[1] Nothing of the sort exists, however, and psycho-analysis is driven to making tentative efforts towards some such theory. It began by drawing a contrast between the ego-instincts (the instinct of self-preservation, hunger) and the libidinal instincts (love), but later replaced it by a new contrast between narcissistic and object-libido. This was clearly not the last word on the subject; biological considerations seemed to make it impossible to remain content with assuming the existence of only a single class of instincts.

In the works of my later years (*Beyond the Pleasure Principle* [1920g], *Group Psychology and the Analysis of the Ego* [1921c], and *The Ego and the Id* [1923b]), I have given free rein to the inclination, which I kept down for so long, to speculation, and I have also contemplated a new solution of the problem of the instincts. I have combined the instincts for self-preservation and for the preservation of the species under the concept of *Eros* and have contrasted with it an *instinct of death* or *destruction* which works in silence. Instinct in general is regarded as a kind of elasticity of living things, an impulsion towards the restoration of a situation which once existed but was brought to an end by some external disturbance. This essentially conservative character of instincts is exemplified by the phenomena of the *compulsion to repeat*. The picture which life presents to us is the result of the concurrent and mutually opposing action of Eros and the death instinct.

It remains to be seen whether this construction will turn out to be serviceable. Although it arose from a desire to fix some of the most important theoretical ideas of psycho-analysis, it goes far beyond psycho-analysis. I have repeatedly heard it said contemptuously that it is impossible to take a science seriously whose most general concepts are as lacking in precision as those of libido and of instinct in psycho-analysis. But this reproach rests on a complete misconception of the facts. Clear basic concepts and sharply drawn definitions are only possible in the mental sciences in so far as the latter seek to fit a region of facts into the frame of a logical system. In the natural sciences, of which psychology is one, such clear-cut general

[1] [Some account of the development of Freud's views on the instincts will be found in the Editor's Preface to 'Instincts and their Vicissitudes' (1915c), *Standard Ed.*, **14**, 113 ff.]

concepts are superfluous and indeed impossible. Zoology and Botany did not start from correct and adequate definitions of an animal and a plant, to this very day biology has been unable to give any certain meaning to the concept of life. Physics itself, indeed, would never have made any advance if it had had to wait until its concepts of matter, force, gravitation, and so on, had reached the desirable degree of clarity and precision. The basic ideas or most general concepts in any of the disciplines of science are always left indeterminate at first and are only explained to begin with by reference to the realm of phenomena from which they were derived, it is only by means of a progressive analysis of the material of observation that they can be made clear and can find a significant and consistent meaning.[1] I have always felt it as a gross injustice that people have refused to treat psycho-analysis like any other science. This refusal found an expression in the raising of the most obstinate objections. Psycho-analysis was constantly reproached for its incompleteness and insufficiencies, though it is plain that a science based upon observation has no alternative but to work out its findings piecemeal and to solve its problems step by step. Again, when I endeavoured to obtain for the sexual function the recognition which had so long been withheld from it, psycho-analytic theory was branded as 'pan-sexualism'. And when I laid stress on the hitherto neglected importance of the part played by the accidental impressions of early youth, I was told that psycho-analysis was denying constitutional and hereditary factors—a thing which I had never dreamt of doing. It was a case of contradiction at any price and by any methods.

I had already made attempts at earlier stages of my work to arrive at some more general points of view on the basis of psycho-analytic observation. In a short essay, 'Formulations on the Two Principles of Mental Functioning' [1911*b*], I drew attention—and there was, of course, nothing original in this—to the domination of the *pleasure-unpleasure principle* in mental life and to its displacement by what is called the *reality principle*. Later on [in 1915] I made an attempt to produce a 'Metapsychology'. By this I meant a method of approach according to which every mental process is considered in relation to three

[1] [The whole of the remainder of this paragraph was added in 1935, but was unfortunately omitted in the *Gesammelte Werke*, 1946 edition.]

co-ordinates, which I described as *dynamic*, *topographical*, and *economic* respectively; and this seemed to me to represent the furthest goal that psychology could attain. The attempt remained no more than a torso; after writing two or three papers —'Instincts and their Vicissitudes' [1915*c*], 'Repression' [1915*d*], 'The Unconscious' [1915*e*], 'Mourning and Melancholia' [1917*e*], etc.—I broke off, wisely perhaps, since the time for theoretical predications of this kind had not yet come.[1] In my latest speculative works I have set about the task of dissecting our mental apparatus on the basis of the analytic view of pathological facts and have divided it into an *ego*, an *id*, and a *super-ego*.[2] The super-ego is the heir of the Oedipus complex and represents the ethical standards of mankind.

I should not like[3] to create an impression that during this last period of my work I have turned my back upon patient observation and have abandoned myself entirely to speculation. I have on the contrary always remained in the closest touch with the analytic material and have never ceased working at detailed points of clinical or technical importance. Even when I have moved away from observation, I have carefully avoided any contact with philosophy proper. This avoidance has been greatly facilitated by constitutional incapacity. I was always open to the ideas of G. T. Fechner and have followed that thinker upon many important points.[4] The large extent to which psycho-analysis coincides with the philosophy of Schopenhauer —not only did he assert the dominance of the emotions and the supreme importance of sexuality but he was even aware of the mechanism of repression—is not to be traced to my acquaintance with his teaching. I read Schopenhauer very late

[1] [As has been shown by Ernest Jones (1955, 209), all these papers were in fact written in 1915, together with seven others which have disappeared. See the Editor's Introduction to *Papers on Metapsychology*, *Standard Ed.*, **14**, 105 ff.]

[2] *The Ego and the Id* [1923*b*].

[3] [This paragraph was printed in small type in the 1924, 1928 and 1948 editions.]

[4] [In particular Fechner's influence appears in the 'principle of constancy' (cf. *Beyond the Pleasure Principle*, 1920*g*, *Standard Ed.*, **18**, 8–9) and in the concept of mental topography (cf. *The Interpretation of Dreams*, 1900*a*, *Standard Ed.*, **5**, 536). See also some passages in Chapter IV of Freud's book on jokes (1905*c*).]

in my life. Nietzsche, another philosopher whose guesses and intuitions often agree in the most astonishing way with the laborious findings of psycho-analysis, was for a long time avoided by me on that very account. I was less concerned with the question of priority than with keeping my mind unembarrassed.

The neuroses were the first subject of analysis, and for a long time they were the only one. No analyst could doubt that medical practice was wrong in separating those disorders from the psychoses and in attaching them to the organic nervous diseases. The theory of the neuroses belongs to psychiatry and is indispensable as an introduction to it. It would seem, however, that the analytic study of the *psychoses* is impracticable owing to its lack of therapeutic results. Mental patients are as a rule without the capacity for forming a positive transference, so that the principal instrument of analytic technique is inapplicable to them. There are nevertheless a number of methods of approach to be found. Transference is often not so completely absent but that it can be used to a certain extent, and analysis has achieved undoubted successes with cyclical depressions, light paranoic modifications, and partial schizophrenias. It has at least been a benefit to science that in many cases the diagnosis can oscillate for quite a long time between assuming the presence of a psychoneurosis or of a dementia praecox; for therapeutic attempts initiated in such cases have resulted in valuable discoveries before they have had to be broken off. But the chief consideration in this connection is that so many things that in the neuroses have to be laboriously fetched up from the depths are found in the psychoses on the surface, visible to every eye. For that reason the best subjects for the demonstration of many of the assertions of analysis are provided by the psychiatric clinic. It was thus bound to happen before long that analysis would find its way to the objects of psychiatric observation. I was able very early (1896) to establish in a case of paranoid dementia the presence of the same aetiological factors and the same emotional complexes as in the neuroses.[1] Jung [1907] explained some most puzzling stereotypies in dements by bringing them into relation with the patients' life-

[1] [In Section III of Freud's second paper on 'The Neuro-Psychoses of Defence' (1896*b*).]

histories; Bleuler [1906] demonstrated the existence in various psychoses of mechanisms like those which analysis had discovered in neurotics. Since then analysts have never relaxed their efforts to come to an understanding of the psychoses. Especially since it has been possible to work with the concept of narcissism, they have managed, now in this place and now in that, to get a glimpse beyond the wall. Most of all, no doubt, was achieved by Abraham [1912] in his elucidation of the melancholias. It is true that in this sphere all our knowledge is not yet converted into therapeutic power; but the mere theoretical gain is not to be despised, and we may be content to wait for its practical application. In the long run even the psychiatrists cannot resist the convincing force of their own clinical material. At the present time German psychiatry is undergoing a kind of 'peaceful penetration' by analytic views. While they continually declare that they will never be psychoanalysts, that they do not belong to the 'orthodox' school or agree with its exaggerations, and in particular that they do not believe in the predominance of the sexual factor, nevertheless the majority of the younger workers take over one piece or another of analytic theory and apply it in their own fashion to the material. All the signs point to the proximity of further developments in the same direction.

I cannot pass them over completely in silence, however, for on the one hand they are essential to a correct appreciation of the nature and value of psycho-analysis, and on the other hand I have, after all, undertaken to give an account of my life-work. The beginnings of the majority of these applications of psycho-analysis will be found in my works. Here and there I have gone a little way along the path in order to gratify my non-medical interests. Later on, others—not only doctors, but specialists in the various fields as well—have followed in my tracks and penetrated far into the different subjects. But since my programme limits me to a mention of my own share in these applications of psycho-analysis, I can only give a quite inadequate picture of their extent and importance.

A number of suggestions came to me out of the Oedipus complex, the ubiquity of which gradually dawned on me. The poet's choice, or his invention, of such a terrible subject seemed puzzling; and so too did the overwhelming effect of its dramatic treatment, and the general nature of such tragedies of destiny. But all of this became intelligible when one realized that a universal law of mental life had here been captured in all its emotional significance. Fate and the oracle were no more than materializations of an internal necessity; and the fact of the hero's sinning without his knowledge and against his intentions was evidently a right expression of the *unconscious* nature of his criminal tendencies. From understanding this tragedy of destiny it was only a step further to understanding a tragedy of character—*Hamlet*, which had been admired for three hundred years without its meaning being discovered or its author's motives guessed. It could scarcely be a chance that this neurotic creation of the poet should have come to grief, like his numberless fellows in the real world, over the Oedipus complex. For Hamlet was faced with the task of taking vengeance on another for the two deeds which are the subject of the Oedipus desires; and before that task his arm was paralysed by his own obscure sense of guilt. Shakespeare wrote *Hamlet* very soon after his father's death.[1] The suggestions made by me for the analysis

[1] *Footnote added* 1935.) This is a construction which I should like explicitly to withdraw. I no longer believe that William Shakespeare the actor from Stratford was the author of the works which have so long been attributed to him. Since the publication of J. T. Looney's volume

VI

I NOW watch from a distance the symptomatic reactions that are accompanying the introduction of psycho-analysis into the France which was for so long refractory. It seems like a reproduction of something I have lived through before, and yet it has peculiarities of its own. Objections of incredible simplicity are raised, such as that French sensitiveness is offended by the pedantry and crudity of psycho-analytic terminology. (One cannot help being reminded of Lessing's immortal Chevalier Riccaut de la Marlinière.[1]) Another comment has a more serious ring: a Professor of Psychology at the Sorbonne did not think it beneath him, the whole mode of thought of psycho-analysis, so he declared, is inconsistent with the *génie latin*. Here the Anglo-Saxon allies of France, who count as supporters of analysis, are explicitly thrown over. Anyone hearing the remark would suppose that psycho-analysis had been the favourite child of the *génie teutonique* and had been clasped to its heart from the moment of birth.

In France the interest in psycho-analysis began among the men of letters. To understand this, it must be borne in mind that from the time of the writing of *The Interpretation of Dreams* psycho-analysis ceased to be a purely medical subject. Between its appearance in Germany and in France lies the history of its numerous applications to departments of literature and of aesthetics, to the history of religions and to prehistory, to mythology, to folklore, to education, and so on. None of these things have much to do with medicine; in fact it is only through psycho-analysis that they are connected with it. I have no business, therefore, to go into them in detail in these pages.[2]

[1] [The comic French sharper of fortune in *Minna von Barnhelm* who is amazed when his sharp practice at cards is described as cheating: 'Comment, Mademoiselle! Vous appelez cela "cheating"? Corriger la fortune, l'enchaîner sous ses doigts, être sûr de son fait . . .' 'What, Mademoiselle? You call that "cheating"? Correcting Fortune, having it at one's finger ends, knowing just what one is about . . . do the Germans call that "cheating"? Cheating! Oh, what a poor language, what a crude language German must be!']

[2] [The present work, it will be remembered, originally formed part of a series of *medical* autobiographies.]

of this tragedy[1] were fully worked out later on by Ernest Jones [1910]. And the same example was afterwards used by Otto Rank as the starting-point for his investigation of the choice of material made by dramatists. In his large volume on the incest theme (Rank, 1912) he was able to show how often imaginative writers have taken as their subject the themes of the Oedipus situation, and traced in the different literatures of the world the way in which the material has been transformed, modified, and softened.

It was tempting to go on from there to an attempt at an analysis of poetic and artistic creation in general. The realm of imagination was seen to be a 'reservation' made during the painful transition from the pleasure principle to the reality principle in order to provide a substitute for instinctual satisfactions which had to be given up in real life. The artist, like the neurotic, had withdrawn from an unsatisfying reality into this world of imagination; but, unlike the neurotic, he knew how to find a way back from it and once more to get a firm foothold in reality. His creations, works of art, were the imaginary satisfac-

'*Shakespeare*' *Identified* [1920], I am almost convinced that in fact Edward de Vere, Earl of Oxford, is concealed behind this pseudonym.' [When, in 1923, the English translator received the draft of this additional footnote he was so much taken aback that he wrote to Freud asking him to reconsider it—not on the ground of the truth or otherwise of the theory, but of the effect the note was likely to have on the average English reader, particularly in view of the unfortunate name of the author of the book referred to. Freud's reply was most forbearing, as an excerpt from a translation of his letter will show. The letter is dated August 24, 1923. '. . . As regards the Shakespeare-Oxford note, your proposal puts me in the unusual situation of showing myself as an opportunist. I cannot understand the English attitude to this question. Edward de Vere was certainly as good an Englishman as Will Shakspere. But since the matter is so remote from analytic interest, and since you set so much store on my being reserved, I am ready to cut out the note or merely to insert a sentence such as "For particular reasons I no longer wish to lay emphasis on this point". Decide on this yourself. On the other hand, I should be glad to have the whole note retained in the American edition. The same sort of narrow-minded censure need not be feared over there.' Accordingly in the English edition of 1924 the footnote reads: 'I have particular reasons for no longer wishing to lay any emphasis upon this point.']

[1] [Freud put them forward in the first edition of *The Interpretation of Dreams* (1900a), *Standard Ed.*, 4, 264 ff.]

tions of unconscious wishes, just as dreams are, and like them they were in the nature of compromises, since they too were forced to avoid any open conflict with the forces of repression. But they differed from the asocial, narcissistic products of dreaming in that they were calculated to arouse sympathetic interest in other people and were able to evoke and to satisfy the same unconscious wishful impulses in them too. Besides this, they made use of the perceptual pleasure of formal beauty as what I have called an 'incentive bonus'. What psycho-analysis was able to do was to take the interrelations between the impressions of the artist's life, his chance experiences, and his works, and from them to construct his [mental] constitution and the instinctual impulses at work in it—that is to say, that part of him which he shared with all men.[1] With this aim in view, for instance, I made Leonardo da Vinci the subject of a study [1910c], which is based on a single memory of childhood related by him and which aims chiefly at explaining his picture of 'The Madonna and Child with St. Anne'. Since then my friends and pupils have undertaken numerous analyses of artists and their works. It does not appear that the enjoyment of a work of art is spoiled by the knowledge gained from such an analysis. The layman may perhaps expect too much from analysis in this respect, for it must be admitted that it throws no light on the two problems which probably interest him the most. It can do nothing towards elucidating the nature of the artistic gift, nor can it explain the means by which the artist works—artistic technique.

I was able to show from a short story by W. Jensen called *Gradiva* [1907a], which has no particular merit in itself, that invented dreams can be interpreted in the same way as real ones and that the unconscious mechanisms familiar to us in the 'dream-work' are thus also operative in the processes of imaginative writing. My book on *Jokes and their Relation to the Unconscious* [1905c] was a side-issue directly derived from *The Interpretation of Dreams*. The only friend of mine who was at that time interested in my work remarked to me that my interpretations of dreams often impressed him as being like jokes.[2] In

[1] [Cf. 'Creative Writers and Day-Dreaming' (1908e).]

[2] [This was Wilhelm Fliess. See a footnote to *The Interpretation of Dreams* (1900a), *Standard Ed.*, **4**, 237–8.]

order to throw some light on this impression, I began to investigate jokes and found that their essence lay in the technical methods employed in them, and that these were the same as the means used in the 'dream-work' — that is to say, condensation, displacement, the representation of a thing by its opposite or by something very small, and so on. This led to an economic enquiry into the origin of the high degree of pleasure obtained from hearing a joke. And to this the answer was that it was due to the momentary suspension of the expenditure of energy upon maintaining repression, owing to the attraction exercised by the offer of a bonus of pleasure (*fore-pleasure*).

I myself set a higher value on my contributions to the psychology of religion, which began with the establishment of a remarkable similarity between obsessive actions and religious practices or ritual (1907*b*). Without as yet understanding the deeper connections, I described the obsessional neurosis as a distorted private religion and religion as a kind of universal obsessional neurosis. Later on, in 1912, Jung's forcible indication of the far-reaching analogies between the mental products of neurotics and of primitive peoples led me to turn my attention to that subject. In four essays, which were collected into a book with the title of *Totem and Taboo* [1912–13], I showed that the horror of incest was even more marked among primitive than among civilized races and had given rise to very special measures of defence against it. I examined the relations between taboo-prohibitions (the earliest form in which moral restrictions make their appearance) and emotional ambivalence, and I discovered under the primitive scheme of the universe known as 'animism' the principle of the over-estimation of the importance of psychical reality — the belief in 'the omnipotence of thoughts' — which lies at the root of magic as well. I developed the comparison with the obsessional neurosis at every point, and showed how many of the postulates of primitive mental life are still in force in that remarkable illness. Above all, however, I was attracted by totemism, the first system of organization in primitive tribes, a system in which the beginnings of social order are united with a rudimentary religion and the implacable domination of a small number of taboo-prohibitions. The being that is revered is ultimately always an animal, from which the clan also claims to be descended. Many indications pointed to

the conclusion that every race, even the most highly developed, had once passed through the stage of totemism.

The chief literary sources[1] of my studies in this field were the well-known works of J. G. Frazer (*Totemism and Exogamy* and *The Golden Bough*), a mine of valuable facts and opinions. But Frazer reflected little towards elucidating the problems of totemism; he had several times fundamentally altered his views on the subject, and the other ethnologists and prehistorians seemed in equal uncertainty and disagreement. My starting-point was the striking correspondence between the two taboo-ordinances of totemism (not to kill the totem and not to have sexual relations with any woman of the same totem-clan) and the two elements of the Oedipus complex (getting rid of the father and taking the mother to wife). I was therefore tempted to equate the totem-animal with the father; and in fact primitive peoples themselves do this explicitly, by honouring it as the forefather of the clan. There next came to my help two facts from psycho-analysis, a lucky observation of a child made by Ferenczi [1913], which enabled me to speak of an 'infantile return of totemism', and the analysis of early animal-phobias in children, which so often showed that the animal was a substitute for the father, a substitute on to which the fear of the father derived from the Oedipus complex had been displaced. Not much was lacking to enable me to recognize the killing of the father as the nucleus of totemism and the starting-point in the formation of religion.

This missing element was supplied when I became acquainted with W. Robertson Smith's work, *The Religion of the Semites*. Its author (a man of genius who was both a physicist and an expert in biblical researches) introduced the so-called 'totem meal' as an essential part of the totemic religion. Once a year the totem animal, which was at other times regarded as sacred, was solemnly killed in the presence of all the members of the clan, was devoured and was then mourned over. The mourning was followed by a great festival. When I further took into account Darwin's conjecture that men originally lived in hordes, each under the domination of a single powerful, violent and jealous male, there rose before me out of all these com-

[1] [This paragraph and the following one were printed in small type in the 1924, 1928 and 1948 editions.]

ponents the following hypothesis, or, I would rather say, vision. The father of the primal horde, since he was an unlimited despot, had seized all the women for himself; his sons, being dangerous to him as rivals, had been killed or driven away. One day, however, the sons came together and united to overwhelm, kill, and devour their father, who had been their enemy but also their ideal. After the deed they were unable to take over their heritage since they stood in one another's way. Under the influence of failure and remorse they learned to come to an agreement among themselves, they banded themselves into a clan of brothers by the help of the ordinances of totemism, which aimed at preventing a repetition of such a deed, and they jointly undertook to forgo the possession of the women on whose account they had killed their father. They were then driven to finding strange women, and this was the origin of the exogamy which is so closely bound up with totemism. The totem meal was the festival commemorating the fearful deed from which sprang man's sense of guilt (or 'original sin') and which was the beginning at once of social organization, of religion and of ethical restrictions.

Now whether we suppose that such a possibility was a historical event or not, it brings the formation of religion within the circle of the father-complex and bases it upon the ambivalence which dominates that complex. After the totem animal had ceased to serve as a substitute for him, the primal father, at once feared and hated, revered and envied, became the prototype of God himself. The son's rebelliousness and his affection for his father struggled against each other through a constant succession of compromises, which sought on the one hand to atone for the act of parricide and on the other to consolidate the advantages it had brought. This view of religion throws a particularly clear light upon the psychological basis of Christianity, in which, as we know, the ceremony of the totem meal still survives with but little distortion, in the form of Communion. I should like explicitly to mention that this last observation was not made by me but is to be found in the works of Robertson Smith and Frazer.

Theodor Reik and G. Roheim, the ethnologist, have taken up the line of thought which I developed in *Totem and Taboo* and, in a series of important works, have extended it, deepened

it, or corrected it. I myself have since returned to it more than once, in the course of my investigations into the 'unconscious sense of guilt' (which also plays such an important part among the motives of neurotic suffering) and in my attempts at forming a closer connection between social psychology and the psychology of the individual.[1] I have moreover made use of the idea of an archaic heritage from the 'primal horde' epoch of mankind's development in explaining susceptibility to hypnosis.[2]

I have taken but little direct part in certain other applications of psycho-analysis, though they are none the less of general interest. It is only a step from the phantasies of individual neurotics to the imaginative creations of groups and peoples as we find them in myths, legends, and fairy tales. Mythology became the special province of Otto Rank; the interpretation of myths, the tracing of them back to the familiar unconscious complexes of early childhood, the replacing of astral explanations by a discovery of human motives, all of this is to a large extent due to his analytic efforts. The subject of symbolism, too, has found many students among my followers. Symbolism has brought psycho-analysis many enemies; many enquirers with unduly prosaic minds have never been able to forgive it the recognition of symbolism, which followed from the interpretation of dreams. But analysis is guiltless of the discovery of symbolism, for it had long been known in other regions of thought (such as folklore, legends, and myths) and plays an even larger part in them than in the 'language of dreams'.

I myself have contributed nothing to the application of analysis to education. It was natural, however, that the analytic discoveries about the sexual life and mental development of children should attract the attention of educators and make them see their problems in a new light. Dr. Oskar Pfister,[3] a protestant pastor at Zurich, led the way as a tireless pioneer along these lines, nor did he find the practice of analysis incompatible with the retention of his religion, though it is

[1] *The Ego and the Id* [1923*b*] and *Group Psychology and the Analysis of the Ego* [1921*c*].

[2] [See *Standard Ed.*, **18**, 125 ff.]

[3] [Cf. Freud's preface to a book of his (1913*b*).]

true that this was of a sublimated kind. Among the many others who worked alongside of him I may mention Frau Dr. Hug-Hellmuth and Dr. S. Bernfeld, both of Vienna.[1] The application of analysis to the prophylactic upbringing of healthy children and to the correcting of those who, though not actually neurotic, have deviated from the normal course of development has led to one consequence which is of practical importance. It is no longer possible to restrict the practice of psycho-analysis to doctors and to exclude laymen from it. In fact, a doctor who has not been through a special training is, in spite of his diploma, a layman in analysis, and a non-doctor who has been suitably trained can, with occasional reference to a doctor, carry out the analytic treatment not only of children but also of neurotics.[2]

By a process of development against which it would have been useless to struggle, the word 'psycho-analysis' has itself become ambiguous. While it was originally the name of a particular therapeutic method, it has now also become the name of a science—the science of unconscious mental processes. By itself this science is seldom able to deal with a problem completely, but it seems destined to give valuable contributory help in the most varied regions of knowledge. The sphere of application of psycho-analysis extends as far as that of psychology, to which it forms a complement of the greatest moment.

Looking back, then, over the patchwork of my life's labours, I can say that I have made many beginnings and thrown out many suggestions. Something will come of them in the future, though I cannot myself tell whether it will be much or little. I can, however, express a hope that I have opened up a pathway for an important advance in our knowledge.[3]

[1] *Footnote added* 1935. Since these words were written child analysis in particular has gained a powerful momentum owing to the work of Mrs. Melanie Klein and of my daughter, Anna Freud.

[2] [See *The Question of Lay Analysis*: Postscript, below, p. 183 ff.]

[3] [This last sentence was added in 1935.]

Sigmund Freud with his Grandson Stephen
in 1922

POSTSCRIPT
(1935)

THE editor of this series of autobiographical studies did not, so far as I know, consider the possibility that after a certain lapse of time a sequel might be written to any of them, and it may be that such an event has occurred only in the present instance. I am undertaking the task since my American publisher[1] desires to issue the little work in a new edition. It first appeared in America in 1927 (published by Brentano under the title of *An Autobiographical Study*, but it was injudiciously brought out in the same volume as another essay of mine which gave its title, *The Problem of Lay-Analysis*, to the whole book and so obscured the present work.

Two themes run through these pages: the story of my life and the history of psycho-analysis. They are intimately interwoven. This *Autobiographical Study* shows how psycho-analysis came to be the whole content of my life and rightly assumes that no personal experiences of mine are of any interest in comparison to my relations with that science.

Shortly before I wrote this study it seemed as though my life would soon be brought to an end by the recurrence of a malignant disease; but surgical skill saved me in 1923 and I was able to continue my life and my work, though no longer in freedom from pain. In the period of more than ten years that has passed since then, I have never ceased my analytic work nor my writing—as is proved by the completion of the twelfth volume of the German edition of my collected works.[2] But I myself find that a significant change has come about. Threads which in the course of my development had become intertangled have now begun to separate; interests which I had acquired in the later part of my life have receded, while the older and original ones become prominent once more. It is true that in this last decade I have carried out some important pieces of analytic work, such as the revision of the problem of anxiety in my book *Inhibitions, Symptoms and Anxiety* (1926), or

[1] [W. W. Norton & Co., of New York.]
[2] [The *Gesammelte Schriften* (1924–34).]

the simple explanation of sexual 'fetishism' which I was able to make a year later (1927*e*). Nevertheless it would be true to say that, since I put forward my hypothesis of the existence of two classes of instinct (Eros and the death instinct) and since I proposed a division of the mental personality into an ego, a super-ego, and an id (1923*b*), I have made no further decisive contributions to psycho-analysis: what I have written on the subject since then has been either unessential or would soon have been supplied by someone else. This circumstance is connected with an alteration in myself, with what might be described as a phase of regressive development. My interest, after making a lifelong *detour* through the natural sciences, medicine and psychotherapy, returned to the cultural problems which had fascinated me long before, when I was a youth scarcely old enough for thinking. At the very climax of my psycho-analytic work, in 1912, I had already attempted in *Totem and Taboo* to make use of the newly discovered findings of analysis in order to investigate the origins of religion and morality. I now carried this work a stage further in two later essays, *The Future of an Illusion* (1927*c*) and *Civilization and its Discontents* (1930*a*). I perceived ever more clearly that the events of human history, the interactions between human nature, cultural development and the precipitates of primaeval experiences (the most prominent example of which is religion) are no more than a reflection of the dynamic conflicts between the ego, the id and the super-ego, which psycho-analysis studies in the individual—are the very same processes repeated upon a wider stage. In *The Future of an Illusion* I expressed an essentially negative valuation of religion. Later, I found a formula which did better justice to it: while granting that its power lies in the truth which it contains, I showed that that truth was not a material but a historical truth. [1930*a*, Chap. III, Part II (G.).]

These studies, which, though they originate in psycho-analysis, stretch far beyond it, have perhaps awakened more public sympathy than psycho-analysis itself. They may have played a part in creating the short-lived illusion that I was among the writers to whom a great nation like Germany was ready to listen. It was in 1929 that, with words no less pregnant than friendly, Thomas Mann, one of the acknowledged spokesmen of the German people, found a place for me in the history

of modern thought. A little later my daughter Anna, acting as my proxy, was given a civic reception in the Rathaus at Frankfort-on-Main on the occasion of my being awarded the Goethe Prize for 1930.[1] This was the climax of my life as a citizen. Soon afterwards the boundaries of Germany narrowed and the nation would know no more of us.

And here I may be allowed to break off these autobiographical notes. The public has no claim to learn any more of my personal affairs—of my struggles, my disappointments, and my successes. I have in any case been more open and frank in some of my writings—such as *The Interpretation of Dreams* and *The Psychopathology of Everyday Life*—than people usually are who describe their lives for their contemporaries or for posterity. I have had small thanks for it, and from my experience I cannot recommend anyone to follow my example.

I must add a few more words on the history of psycho-analysis during the last decade. There can no longer be any doubt that it will continue, it has proved its capacity to survive and to develop both as a branch of knowledge and as a therapeutic method. The number of its supporters organized in the International Psycho-Analytical Association has considerably increased. In addition to the older local groups in Vienna, Berlin, Budapest, London, Holland, Switzerland, and Russia[2], societies have since been formed in Paris and Calcutta, two in Japan, several in the United States, and quite recently one each in Jerusalem and South Africa and two in Scandinavia. Out of their own funds these local societies support or are in process of forming training institutes, in which instruction in the practice of psycho-analysis is given according to a uniform plan, and out-patient clinics in which experienced analysts as well as students give free treatment to patients of limited means. Every other year the members of the International Psycho-Analytical Association hold a Congress at which scientific papers are read and questions of organization decided. The thirteenth of these congresses (which I myself can no longer attend) took place at Lucerne in 1934. From a core of interests that are centred on

[1] [Cf. Freud, 1930*d* and 1930*e*.]

[2] [In the German editions Russia was, no doubt on account of (cf. p. 50*n*), omitted from this list. The author approved [illegible] the English translation.]

all members of the Association, their work radiates in many different directions. Some lay most stress upon clarifying and deepening our knowledge of psychology, while others are concerned with keeping in contact with medicine and psychiatry. From the practical point of view, some analysts have set themselves the task of bringing about the recognition of psycho-analysis at the universities and its inclusion in the medical curriculum, whereas others are content to remain outside these institutions and will not allow that psycho-analysis is less important in the field of education than in that of medicine. It happens from time to time that an analytic worker may find himself isolated in an attempt to emphasize some single one of the findings or views of psycho-analysis at the expense of all the rest. Nevertheless, the whole impression is a satisfactory one —of serious scientific work carried on at a high level.

INHIBITIONS, SYMPTOMS AND ANXIETY
(1926)

EDITOR'S INTRODUCTION

HEMMUNG, SYMPTOM UND ANGST

(*a*) GERMAN EDITIONS:

1926 Leipzig, Vienna and Zurich: Internationaler Psychoanalytischer Verlag. Pp. 136.

1928 *G.S.*, **11**, 23–115.

1931 *Neurosenlehre und Technik*, 205–99.

1948 *G.W.*, **14**, 113–205.

(*b*) ENGLISH TRANSLATIONS:

Inhibition, Symptom and Anxiety

1927 Stamford, Conn.: Psychoanalytic Institute. Pp. vi + 103. (Tr. supervised L. Pierce Clark; Pref. S. Ferenczi.)

Inhibitions, Symptoms and Anxiety

1935–6 *Psychoanal. Quart.*, **4** (4), 616–25, **5** (1), 1–28; (2) 261–79; (3) 415–43. (Tr. H. A. Bunker.)

The Problem of Anxiety

1936 New York: Psychoanalytic Quarterly Press and W. W. Norton. Pp. vii + 165. (The above reprinted in volume form.)

Inhibitions, Symptoms and Anxiety

1936 London: Hogarth Press and Institute of Psycho-Analysis. Pp. 179. (Tr. Alix Strachey.)

An extract from Chapter I of the original appeared in the Vienna *Neue Freie Presse* of February 21, 1926. A part of the first American translation was reprinted in the *Archives of Psychoanalysis*, **1** (1927), 461–521. All three of the translations were authorized by Freud, and, as Ernest Jones points out (1957, 139–40), the translators of the last two prepared their work simultaneously, and in complete ignorance of each other's activities.

The present translation is a considerably modified version of the one published in London in 1936.

We learn from Ernest Jones that this book was written in

July, 1925, and that it was revised in December of the same year and published in the third week of the following February.

The topics with which it deals range over a wide field, and there are signs that Freud found an unusual difficulty in unifying the work. This is shown, for instance, in the way in which the same subject often comes up for discussion at more than one point in very similar terms, in the necessity under which Freud found himself of tidying up a number of separate questions in his 'Addenda', and even in the actual title of the book. It is nevertheless true that in spite of such important side-issues as the different classes of resistance, the distinction between repression and defence, and the relations between anxiety, pain and mourning the problem of anxiety is its main theme. A glance at the list given in Appendix B (p. 175 below) will be enough to show how constantly present it was to Freud's mind from the beginning to the end of his psychological studies. Though on some aspects of the subject his opinions underwent little modification, on others, as he tells us in these pages, they were considerably altered. It will perhaps be of interest to trace, if only roughly, the history of these changes in two or three of the more important issues involved.

(*a*) Anxiety as Transformed Libido

It was in the course of investigating the 'actual' neuroses that Freud first came upon the problem of anxiety, and his earliest discussions of it will be found in his first paper on the anxiety neurosis (1895*b*) and in the memorandum on the subject which he sent to Fliess a little earlier, probably in the summer of 1894 (Freud, 1950*a*, Draft E). At that time he was still largely under the influence of his neurological studies and he was deep in his attempt at expressing the data of psychology in physiological terms. In particular, following Fechner, he had taken as a fundamental postulate the 'principle of constancy', according to which there was an inherent tendency in the nervous system to reduce, or at least to keep constant, the amount of excitation present in it. When, therefore, he made the clinical discovery that in cases of anxiety neurosis it was always possible to discover some interference with the discharge of sexual tension, it was natural for him to conclude that the accumu-

lated excitation was finding its way out in the transformed shape of anxiety. He regarded this as a purely physical process without any psychological determinants.

From the first the anxiety occurring in phobias or in obsessional neuroses raised a complication, for here the presence of psychological events could not be excluded. But, as regards the emergence of anxiety, the explanation remained the same. In these cases—in the psychoneuroses—the *reason* for the accumulation of undischarged excitation was a psychological one: repression. But what followed was the same as in the 'actual' neuroses, the accumulated excitation (or libido) was transformed directly into anxiety.

Some quotations will show how loyally Freud maintained this view. In 'Draft E' (*c.* 1894), referred to above, he wrote: 'Anxiety arises from a *transformation* of the accumulated tension.' In *The Interpretation of Dreams* (1900*a*): 'Anxiety is a libidinal impulse which has its origin in the unconscious and is inhibited by the preconscious.' (*Standard Ed.*, **4**, 337–8.) In *Gradiva* (1907*a*): 'The anxiety in anxiety-dreams, like neurotic anxiety in general, . . . arises out of libido by the process of repression.' (*Standard Ed.*, **9**, 60–1.) In the metapsychological paper on 'Repression' (1915*d*): After repression 'the quantitative portion [of the instinctual impulse—i.e. its energy] has not vanished, but has been transformed into anxiety'. (*Standard Ed.*, **14**, 155.) Finally, as late as in 1920, Freud added in a footnote to the fourth edition of the *Three Essays*: 'One of the most important results of psycho-analytic research is this discovery that neurotic anxiety arises out of libido, that it is a transformation of it, and that it is thus related to it in the same kind of way as vinegar is to wine.' (*Standard Ed.*, **7**, 224.) It is curious to note, however, that at quite an early stage Freud seems to have been assailed by doubts on the subject. In a letter to Fliess of November 14, 1897 (Freud, 1950*a*, Letter 75), he remarks, without any apparent connection with the rest of what he has been writing about: 'I have decided, then, henceforth to regard as separate factors what causes libido and what causes anxiety.' No further evidence is anywhere to be found of this isolated recantation. In the work before us Freud gave up the theory he had held for so long. He no longer regarded anxiety as transformed libido, but as a reaction on a particular model to

situations of danger. But even here he still maintained (p. 141) that it was very possible that in the case of the anxiety neurosis 'what finds discharge in the generating of anxiety is precisely the surplus of unutilized libido'. This last relic of the old theory was to be abandoned a few years later. In a passage near the end of his discussion of anxiety in Lecture XXXII of his *New Introductory Lectures* (1933*a*) he wrote that in the anxiety neurosis, too, the appearance of anxiety was a reaction to a traumatic situation: 'we shall no longer maintain that it is the libido itself that is turned into anxiety in such cases.'

(*b*) Realistic and Neurotic Anxiety

In spite of his theory that neurotic anxiety was merely transformed libido, Freud was from the first at pains to insist on the close relation between anxiety due to external and to instinctual dangers. In his first paper on the anxiety neurosis (1895*b*) he wrote: 'The psyche is overtaken by the affect of anxiety if it feels that it is incapable of dealing by an appropriate reaction with a task (a danger) approaching from outside. In neuroses it is overtaken by anxiety if it notices that it is incapable of allaying a (sexual) excitation that has arisen from within. Thus it behaves as though it were projecting this excitation to the outside. The affect [normal anxiety] and the corresponding neurosis stand in a firm relation to each other: the former is the reaction to an exogenous excitation and the latter to an analogous endogenous one.'

This position, especially in connection with phobias, was elaborated later in many of Freud's writings—for instance, in the metapsychological papers on 'Repression' (1915*d*) and 'The Unconscious' (1915*e*), *Standard Ed.*, **14**, 155–7 and 182–4, and in Lecture XXV of the *Introductory Lectures*. But it was difficult to maintain the sameness of the anxiety in the two classes of case so long as the direct derivation of anxiety from libido was insisted upon for the 'actual' neuroses. With the abandonment of this view and with the new distinction between automatic anxiety and anxiety as a signal, the whole situation was clarified and there ceased to be any reason for seeing a generic difference between neurotic and realistic anxiety.

(c) The Traumatic Situation and Situations of Danger

It adds to the difficulties of this book that the distinction between anxiety as a direct and automatic reaction to a trauma and anxiety as a signal of the danger of the approach of such a trauma, although touched on at several earlier points, is only clinched in the very last chapter. (A later and shorter account, given in Lecture XXXII of the *New Introductory Lectures*, may perhaps be found easier to grasp.)

The fundamental determinant of automatic anxiety is the occurrence of a traumatic situation; and the essence of this is an experience of helplessness on the part of the ego in the face of an accumulation of excitation, whether of external or of internal origin, which cannot be dealt with (pp. 137 and 166). Anxiety 'as a signal' is the response of the ego to the threat of the occurrence of a traumatic situation. Such a threat constitutes a situation of danger. Internal dangers change with the period of life (pp. 146–7), but they have a common characteristic, namely that they involve separation from, or loss of, a loved object, or a loss of its love (p. 151), a loss or separation which might in various ways lead to an accumulation of unsatisfied desires and so to a situation of helplessness. Though Freud had not brought all these factors together before, each of them has a long previous history.

The traumatic situation itself is clearly the direct descendant of the state of accumulated and undischarged tension in Freud's earliest writings on anxiety. Some of the accounts of it given here might be quotations from 1894 or 1895. For instance, 'suffering a pain which will not stop or experiencing an accumulation of instinctual needs which cannot obtain satisfaction' on p. 168 below may be compared with 'a psychical accumulation of excitation . . . due to discharge being held up', from 'Draft E' (Freud, 1950*a*). At this early period the accumulated excitations, it is true, were almost invariably thought of as libidinal, but not *quite* invariably. Later on in the same 'Draft E' is a sentence which points out that anxiety may be 'a sensation of an accumulation of another endogenous stimulus (the stimulus towards breathing . . .); anxiety may therefore be capable of being used in relation to accumulated physical tension in general'. Again, in the 'Project' of 1895 (Freud, 1950*a*, Part I, Section 1) Freud enumerates the major

needs which give rise to endogenous stimuli calling for discharge—'hunger, respiration and sexuality', and in a later passage (Part I, Section 11) remarks that in some conditions this discharge 'requires an alteration in the external world (e.g. the supply of nourishment or the proximity of the sexual object),' which 'at early stages the human organism is incapable of achieving'. To bring this about 'extraneous help' is needed, which the child attracts by his screams. And here Freud comments on the 'original helplessness of human beings'. There is a similar reference in Part III, Section 1, of the same work to the necessity of 'attracting the attention of some helpful personage (who is usually the wished-for object itself) to the child's longing and distress'. These passages seem to be an early hint at the situation of helplessness described here (pp. 130–8), in which the infant misses his mother—a situation that had been clearly stated in the footnote to the *Three Essays* (1905*d*) in which Freud explained a child's anxiety in the dark as being due to 'the absence of someone he loved' (*Standard Ed.*, **7**, 224).

But this has taken us on to the question of the various specific dangers which are liable to precipitate a traumatic situation at different times of life. These are briefly: birth, loss of the mother as an object, loss of the penis, loss of the object's love, loss of the super-ego's love. The question of birth is dealt with in the next section and we have just mentioned some early references to the importance of separation from the mother. The danger of castration with its devastating effects is no doubt the most familiar of all these dangers. But it is worth recalling a footnote added in 1923 to the case history of 'Little Hans' (1909*b*), in which Freud deprecates the application of the name 'castration complex' to the other kinds of separation which the child must inevitably experience (*Standard Ed.*, **10**, 8 *n.*). We may possibly see in that passage a first hint at the concept of anxiety due to separation which comes into prominence here. The stress laid on the danger of losing the love of the loved object is explicitly related (on p. 143) to the characteristics of female sexuality, which had only recently begun to occupy Freud's mind.[1] Finally, the danger of losing the love of the

[1] In his papers on 'The Dissolution of the Oedipus Complex' (1924*d*) and on the psychological distinction between the sexes (1925*j*), Freud had begun to emphasize the differences between the sexual development

super-ego carries us back to the long-debated problems of the sense of guilt, which had been re-stated only shortly before in *The Ego and the Id* (1923*b*).

(*d*) Anxiety as a Signal

As applied to unpleasure in general, this notion was a very old one of Freud's. In Section 6 of Part II of the posthumous 'Project' of 1895 (Freud, 1950*a*) there is an account of a mechanism by which the ego restricts the generation of painful experiences: 'In this way the release of unpleasure is restricted in quantity, and its start acts as a signal to the ego to set normal defence in operation.' Similarly in *The Interpretation of Dreams* (1900*a*, *Standard Ed.*, **5**, 602, it is laid down that thinking must aim 'at restricting the development of affect in thought-activity to the minimum required for acting as a signal'. In 'The Unconscious' (1915*e*, *Standard Ed.*, **14**, 183, the idea is already applied to anxiety. Discussing the appearance of 'substitutive ideas' in phobia, Freud writes. 'Excitation of any point in this outer structure must inevitably, on account of its connection with the substitutive idea, give rise to a slight development of anxiety; and this is now used as a signal to inhibit . . . the further progress of the development of anxiety.' Similarly in Lecture XXV of the *Introductory Lectures* the state of 'anxious expectancy' is described in one or two places as offering a 'signal' to prevent an outbreak of severe anxiety. From this it was not a long step to the illuminating exposition in these pages. It may be remarked that in the present work too the concept is first introduced as a signal of 'unpleasure' (p. 92) and only subsequently as one of 'anxiety'.

(*e*) Anxiety and Birth

There remains the question of what it is that determines the *form* in which anxiety is manifested. This, too, was discussed by Freud in his early writings. To begin with (consistently with his view of anxiety as transformed libido) he regarded the most striking of its symptoms — the breathlessness and palpitations —

of boys and girls and at the same time to insist on the fact that in both sexes the mother is the first love-object. The history of this shift of emphasis in his views will be found discussed in the Editor's Note to the second of these two papers.

as elements in the act of copulation, which, in the absence of the normal means of discharging the excitation, made their appearance in an isolated and exaggerated shape. This account will be found in Draft E of the Fliess papers, referred to above, and probably dating from June 1894, and at the end of Section III of the first paper on anxiety neurosis (1895*b*), and it is repeated in the 'Dora' case history (1905*e* [1901]), where Freud wrote: 'I maintained years ago that the dyspnoea and palpitations that occur in hysteria and anxiety neurosis are only detached fragments of the act of copulation.' (*Standard Ed.*, **7**, 80.) It is not clear how all this fitted in with Freud's views on the expression of the emotions in general. These seem certainly to have been ultimately derived from Darwin. In the *Studies on Hysteria* (1895*d*) he twice quoted Darwin's volume on the subject (Darwin, 1872), and on the second occasion recalled that Darwin has taught us that the expression of the emotions 'consists of actions which originally had a meaning and served a purpose' (*Standard Ed.*, **2**, 181). In a discussion before the Vienna Psycho-Analytical Society in 1909, Freud is reported by Jones (1955, 494) as having said that 'every affect . . . is only a reminiscence of an event'. Much later, in Lecture XXV of the *Introductory Lectures* (1916–17), he took up this point again, and expressed his belief that the 'nucleus' of an affect is 'the repetition of some particular significant experience'. He recalled, too, the explanation he had earlier given of hysterical attacks (1909*a*, *Standard Ed.*, **9**, 232) as revivals of events in infancy, and added his conclusion that 'a hysterical attack may be likened to a freshly constructed individual affect, and a normal affect to the expression of a general hysteria which has become a heritage'. He repeats this theory in almost the same terms in the present work (pp. 93 and 133).

Whatever part this theory of the affects played in Freud's *earlier* explanation of the form taken by anxiety, it played an essential one in his *new* explanation, which emerged, apparently without warning, in a footnote added to the second edition of *The Interpretation of Dreams* (*Standard Ed.*, **5**, 400). At the end of some discussion of phantasies about life in the womb, he went on (and printed the sentence in spaced type): 'Moreover, the act of birth is the first experience of anxiety, and thus the source and prototype of the affect of anxiety.' The edition was pub-

lished in 1909, but the preface is dated 'Summer 1908'. A possible clue to the sudden emergence at that moment of this revolutionary notion is to be found in the fact that Freud had only recently contributed a preface (dated 'March, 1908') to Stekel's book on anxiety states (Freud, 1908*f*). The preface, it is true, contains not the faintest hint at the new theory, while Stekel's book itself seems explicitly to accept Freud's earlier one of the connection between anxiety and copulation. Nonetheless, Freud's interest must no doubt have been focused once again on the problem, and it may be that at that point an old memory may have been revived of an event which he described later, in the course of his discussion of anxiety in the *Introductory Lectures*. This memory was of what had been intended as a comic anecdote, told to him when he was a house physician by another young doctor, of how a midwife had declared that there is a connection between birth and being frightened. The memory must have gone back to about 1884, though Freud seems not to have mentioned it till this lecture in 1917. It seems possible that it had in fact been stirred up by his reading of Stekel's book and had provoked the appearance of the new theory in 1908. Thereafter that theory was never dropped. He gave it special prominence in the first of his papers on the psychology of love (1910*h*), *Standard Ed.*, **11**, 173. Though this was not published till 1910, we learn that the gist of it was given before the Vienna Psycho-Analytical Society in May, 1909; while in November of the same year the minutes of the society (quoted by Jones, 1955, 494) report him as having remarked that children begin their experience of anxiety in the act of birth itself.

After the lecture in 1917 the subject lay fallow for some years, till it suddenly re-appeared at the end of the last paragraph but two of *The Ego and the Id* (1923*b*), where Freud spoke of birth as 'the first great anxiety-state'. This carries us up to the time of the publication of Rank's book *The Trauma of Birth*. The chronological relation between this sentence of Freud's and Rank's book is not entirely clear. *The Ego and the Id* was published in April, 1923. The title-page of Rank's book bears the date '1924'; but on its last page appear the words 'written in April, 1923', and the dedication declares that the book was 'presented' to Freud on May 6, 1923 (Freud's birthday).

Although Ernest Jones (1957, 60) says specifically that Freud had not read it before its publication in December, 1923, he had nevertheless been aware of the general line of Rank's ideas as early as in September, 1922 (ibid., 61), and this is no doubt enough to account for the reference to birth in *The Ego and the Id*.

Rank's book was far more than an adoption of Freud's explanation of the *form* taken by anxiety. He argued that all later attacks of anxiety were attempts at 'abreacting' the trauma of birth. He accounted for all neuroses on similar lines, incidentally dethroning the Oedipus complex, and proposed a reformed therapeutic technique based on the overcoming of the birth trauma. Freud's published references to the book seemed at first to be favourable.[1] But the present work shows a complete and final reversal of that opinion. His rejection of Rank's views, however, stimulated him to a reconsideration of his own, and *Inhibitions, Symptoms and Anxiety* was the result.

[1] See, for instance, a footnote added to the 'Little Hans' analysis in 1923 (*Standard Ed.*, **10**, 116) and another added to the *Three Essays* at about the same date (ibid., **7**, 226). A full account of Freud's fluctuating attitude appears in Jones, 1957, 61 ff.

INHIBITIONS, SYMPTOMS AND ANXIETY

I

In the description of pathological phenomena, linguistic usage enables us to distinguish symptoms from inhibitions, without, however, attaching much importance to the distinction. Indeed, we might hardly think it worth while to differentiate exactly between the two, were it not for the fact that we meet with illnesses in which we observe the presence of inhibitions but not of symptoms and are curious to know the reason for this.

The two concepts are not upon the same plane Inhibition has a special relation to function. It does not necessarily have a pathological implication. One can quite well call a normal restriction of a function an inhibition of it. A symptom, on the other hand, actually denotes the presence of some pathological process. Thus, an inhibition may be a symptom as well. Linguistic usage, then, employs the word *inhibition* when there is a simple lowering of function, and *symptom* when a function has undergone some unusual change or when a new phenomenon has arisen out of it. Very often it seems to be quite an arbitrary matter whether we emphasize the positive side of a pathological process and call its outcome a symptom, or its negative side and call its outcome an inhibition. But all this is really of little interest, and the problem as we have stated it does not carry us very far.

Since the concept of inhibition is so intimately associated with that of function, it might be helpful to examine the various functions of the ego with a view to discovering the forms which any disturbance of those functions assumes in each of the different neurotic affections. Let us pick out for a comparative study of this kind the sexual function and those of eating, of locomotion and of professional work.

(*a*) The sexual function is liable to a great number of disturbances, most of which exhibit the characteristics of simple inhibitions. These are classed together as psychical impotence. The normal performance of the sexual function can only come

about as the result of a very complicated process, and disturbances may appear at any point in it. In men the chief stages at which inhibition occurs are shown by: a turning away of the libido at the very beginning of the process (psychical unpleasure); an absence of the physical preparation for it (lack of erection); an abridgement of the sexual act (*ejaculatio praecox*), an occurrence which might equally well be regarded as a symptom; an arrest of the act before it has reached its natural conclusion (absence of ejaculation); or a non-appearance of the psychical outcome (lack of the feeling of pleasure in orgasm). Other disturbances arise from the sexual function becoming dependent on special conditions of a perverse or fetishist nature.

That there is a relationship between inhibition and anxiety is pretty evident. Some inhibitions obviously represent a relinquishment of a function because its exercise would produce anxiety. Many women are openly afraid of the sexual function. We class this anxiety under hysteria, just as we do the defensive symptom of disgust which, arising originally as a deferred reaction to the experiencing of a passive sexual act, appears later whenever the *idea* of such an act is presented. Furthermore, many obsessional acts turn out to be measures of precaution and security against sexual experiences and are thus of a phobic character.

This is not very illuminating. We can only note that disturbances of the sexual function are brought about by a great variety of means. (1) The libido may simply be turned away (this seems most readily to produce what we regard as an inhibition pure and simple); (2) the function may be less well carried out; (3) it may be hampered by having conditions attached to it, or modified by being diverted to other aims; (4) it may be prevented by security measures; (5) if it cannot be prevented from starting, it may be immediately interrupted by the appearance of anxiety, and (6), if it is nevertheless carried out, there may be a subsequent reaction of protest against it and an attempt to undo what has been done.

(*b*) The function of nutrition is most frequently disturbed by a disinclination to eat, brought about by a withdrawal of libido. An increase in the desire to eat is also a not uncommon thing. The compulsion to eat is attributed to a fear of starving; but this is a subject which has been but little studied. The

symptom of vomiting is known to us as a hysterical defence against eating. Refusal to eat owing to anxiety is a concomitant of psychotic states (delusions of being poisoned).

(*c*) In some neurotic conditions locomotion is inhibited by a disinclination to walk or a weakness in walking. In hysteria there will be a paralysis of the motor apparatus, or this one special function of the apparatus will be abolished (abasia). Especially characteristic are the increased difficulties that appear in locomotion owing to the introduction of certain stipulations whose non-observance results in anxiety (phobia).

(*d*) In inhibition in work—a thing which we so often have to deal with as an isolated symptom in our therapeutic work—the subject feels a decrease in his pleasure in it or becomes less able to do it well; or he has certain reactions to it, like fatigue, giddiness or sickness, if he is obliged to go on with it. If he is a hysteric he will have to give up his work owing to the appearance of organic and functional paralyses which make it impossible for him to carry it on. If he is an obsessional neurotic he will be perpetually being distracted from his work or losing time over it through the introduction of delays and repetitions.

Our survey might be extended to other functions as well, but there would be nothing more to be learnt by doing so. For we should not penetrate below the surface of the phenomena presented to us. Let us then proceed to describe inhibition in such a way as to leave very little doubt about what is meant by it, and say that inhibition is the expression of a *restriction of an ego-function*. A restriction of this kind can itself have very different causes. Some of the mechanisms involved in this renunciation of function are well known to us, as is a certain general purpose which governs it.

This purpose is more easily recognizable in the *specific* inhibitions. Analysis shows that when activities like playing the piano, writing or even walking are subjected to neurotic inhibitions it is because the physical organs brought into play—the fingers or the legs—have become too strongly erotized. It has been discovered as a general fact that the ego-function of an organ is impaired if its erotogenicity—its sexual significance—is increased. It behaves, if I may be allowed a rather absurd analogy, like a maid-servant who refuses to go on cooking

because her master has started a love-affair with her. As soon as writing, which entails making a liquid flow out of a tube on to a piece of white paper, assumes the significance of copulation, or as soon as walking becomes a symbolic substitute for treading upon the body of mother earth, both writing and walking are stopped because they represent the performance of a forbidden sexual act. The ego renounces these functions, which are within its sphere, in order not to have to undertake fresh measures of repression *in order to avoid a conflict with the id.*

There are clearly also inhibitions which serve the purpose of self-punishment. This is often the case in inhibitions of professional activities. The ego is not allowed to carry on those activities, because they would bring success and gain, and these are things which the severe super-ego has forbidden. So the ego gives them up too, *in order to avoid coming into conflict with the super-ego.*

The more *generalized* inhibitions of the ego obey a different mechanism of a simple kind. When the ego is involved in a particularly difficult psychical task, as occurs in mourning, or when there is some tremendous suppression of affect or when a continual flood of sexual phantasies has to be kept down, it loses so much of the energy at its disposal that it has to cut down the expenditure of it at many points at once. It is in the position of a speculator whose money has become tied up in his various enterprises. I came across an instructive example of this kind of intense, though short-lived, general inhibition. The patient, an obsessional neurotic, used to be overcome by a paralysing fatigue which lasted for one or more days whenever something occurred which should obviously have thrown him into a rage. We have here a point from which it should be possible to reach an understanding of the condition of general inhibition which characterizes states of depression, including the gravest form of them, melancholia.

As regards inhibitions, then, we may say in conclusion that they are restrictions of the functions of the ego which have been either imposed as a measure of precaution or brought about as a result of an impoverishment of energy; and we can see without difficulty in what respect an inhibition differs from a symptom: for a symptom cannot any longer be described as a process that takes place within, or acts upon, the ego.

II

THE main characteristics of the formation of symptoms have long since been studied and, I hope, established beyond dispute.[1] A symptom is a sign of, and a substitute for, an instinctual satisfaction which has remained in abeyance; it is a consequence of the process of repression. Repression proceeds from the ego when the latter – it may be at the behest of the superego – refuses to associate itself with an instinctual cathexis which has been aroused in the id. The ego is able by means of repression to keep the idea which is the vehicle of the reprehensible impulse from becoming conscious. Analysis shows that the idea often persists as an unconscious formation.

So far everything seems clear, but we soon come upon difficulties which have not as yet been solved. Up till now our account of what occurs in repression has laid great stress on this point of exclusion from consciousness.[2] But it has left other points open to uncertainty. One question that arose was, what happened to the instinctual impulse which had been activated in the id and which sought satisfaction? The answer was an indirect one. It was that owing to the process of repression the pleasure that would have been expected from satisfaction had been transformed into unpleasure. But we were then faced with the problem of how the satisfaction of an instinct could produce unpleasure. The whole matter can be clarified, I think, if we commit ourselves to the definite statement that as a result of repression the intended course of the excitatory process in the id does not occur at all, the ego succeeds in inhibiting or deflecting it. If this is so the problem of 'transformation of affect' under repression disappears.[3] At the same time this view implies a concession to the ego that it can exert a very extensive

[1] [See, for instance, the *Three Essays* (1905*d*), *Standard Ed.*, **7**, 164.]

[2] [Cf. 'Repression' (1915*d*), *Standard Ed.*, **14**, 147.]

[3] [The problem goes back a very long way. See, for instance, a letter to Fliess of December 6, 1896. Freud, 1950*a*, Letter 52. The question was discussed by Freud in the 'Dora' case history (1905*e*), *Standard Ed.*, **7**, 28–9, where an Editor's footnote gives a number of other references to the subject. The present solution was indicated in a short footnote added by Freud in 1925 to *Beyond the Pleasure Principle* (1920*g*), *Standard Ed.*, **18**, 11.]

influence over processes in the id, and we shall have to find out in what way it is able to develop such surprising powers.

It seems to me that the ego obtains this influence in virtue of its intimate connections with the perceptual system—connections which, as we know, constitute its essence and provide the basis of its differentiation from the id. The function of this system, which we have called *Pcpt.-Cs.*, is bound up with the phenomenon of consciousness.[1] It receives excitations not only from outside but from within, and endeavours, by means of the sensations of pleasure and unpleasure which reach it from these quarters, to direct the course of mental events in accordance with the pleasure principle. We are very apt to think of the ego as powerless against the id, but when it is opposed to an instinctual process in the id it has only to give a '*signal of unpleasure*'[2] in order to attain its object with the aid of that almost omnipotent institution, the pleasure principle. To take this situation by itself for a moment, we can illustrate it by an example from another field. Let us imagine a country in which a certain small faction objects to a proposed measure the passage of which would have the support of the masses. This minority obtains command of the press and by its help manipulates the supreme arbiter, 'public opinion', and so succeeds in preventing the measure from being passed.

But this explanation opens up fresh problems. Where does the energy come from which is employed for giving the signal of unpleasure? Here we may be assisted by the idea that a defence against an unwelcome *internal* process will be modelled upon the defence adopted against an *external* stimulus, that the ego wards off internal and external dangers alike along identical lines. In the case of external danger the organism has recourse to attempts at flight. The first thing it does is to withdraw cathexis from the perception of the dangerous object; later on it discovers that it is a better plan to perform muscular movements of such a sort as will render perception of the dangerous object impossible even in the absence of any refusal to perceive it—that it is a better plan, that is, to remove itself from the sphere of danger. Repression is an equivalent of this attempt at flight. The ego withdraws its (preconscious)

[1] [Cf. *Beyond the Pleasure Principle* (1920*g*), *Standard Ed.*, 18, 24.]

[2] [See Editor's Introduction, p. 83.]

cathexis from the instinctual representative[1] that is to be repressed and uses that cathexis for the purpose of releasing unpleasure (anxiety). The problem of how anxiety arises in connection with repression may be no simple one; but we may legitimately hold firmly to the idea that the ego is the actual seat of anxiety and give up our earlier view that the cathectic energy of the repressed impulse is automatically turned into anxiety. If I expressed myself earlier in the latter sense, I was giving a phenomenological description and not a metapsychological account of what was occurring.

This brings us to a further question: how is it possible, from an economic point of view, for a mere process of withdrawal and discharge, like the withdrawing of a preconscious ego-cathexis, to produce unpleasure or anxiety, seeing that, according to our assumptions, unpleasure and anxiety can only arise as a result of an *increase* in cathexis? The reply is that this causal sequence should not be explained from an economic point of view. Anxiety is not newly created in repression; it is reproduced as an affective state in accordance with an already existing mnemic image. If we go further and enquire into the origin of that anxiety—and of affects in general—we shall be leaving the realm of pure psychology and entering the borderland of physiology. Affective states have become incorporated in the mind as precipitates of primaeval traumatic experiences, and when a similar situation occurs they are revived like mnemic symbols.[2] I do not think I have been wrong in likening them to the more recent and individually acquired hysterical attack and in regarding them as its normal prototypes.[3] In man and the higher animals it would seem that the act of birth, as the individual's first experience of anxiety, has given the affect of anxiety certain characteristic forms of expression. But, while acknowledging this connection, we must not lay undue stress on it nor overlook the fact that biological necessity demands

[1] [I.e. what represents the instinct in the mind. This term is fully discussed in the Editor's Note to 'Instincts and their Vicissitudes' (1915*c*), *Standard Ed.*, **14**, 111 ff.]

[2] [This term was used by Freud throughout the *Studies on Hysteria* (1895*d*) in explaining hysterical symptoms: see for instance, *Standard Ed.*, **2**, 297. A very clear account of the concept will be found in the first of the *Five Lectures* (1910*a*), *Standard Ed.*, **11**, 16 f.]

[3] See the Editor's Introduction, p. 84 and also below, pp. 133–4.]

that a situation of danger should have an affective symbol, so that a symbol of this kind would have to be created in any case. Moreover, I do not think that we are justified in assuming that whenever there is an outbreak of anxiety something like a reproduction of the situation of birth goes on in the mind. It is not even certain whether hysterical attacks, though they were originally traumatic reproductions of this sort, retain that character permanently.

As I have shown elsewhere, most of the repressions with which we have to deal in our therapeutic work are cases of *after*-pressure.[1] They presuppose the operation of earlier, *primal repressions* which exert an attraction on the more recent situation. Far too little is known as yet about the background and preliminary stages of repression. There is a danger of overestimating the part played in repression by the super-ego. We cannot at present say whether it is perhaps the emergence of the super-ego which provides the line of demarcation between primal repression and after-pressure. At any rate, the earliest outbreaks of anxiety, which are of a very intense kind, occur before the super-ego has become differentiated. It is highly probable that the immediate precipitating causes of primal repressions are quantitative factors such as an excessive degree of excitation and the breaking through of the protective shield against stimuli.[2]

This mention of the protective shield sounds a note which recalls to us the fact that repression occurs in two different situations—namely, when an undesirable instinctual impulse is aroused by some external perception, and when it arises internally without any such provocation. We shall return to this difference later [p. 156]. But the protective shield exists only in regard to external stimuli, not in regard to internal instinctual demands.

So long as we direct our attention to the ego's attempt at flight we shall get no nearer to the subject of symptom-formation. A symptom arises from an instinctual impulse which has been detrimentally affected by repression. If the ego, by making use of the signal of unpleasure, attains its object of completely suppressing the instinctual impulse, we learn nothing of how

[1] [See 'Repression' (1915*d*), *Standard Ed.*, **14**, 148.]

[2] [Cf. *Beyond the Pleasure Principle* (1920*g*), *Standard Ed.*, **18**, 27 ff.]

this has happened. We can only find out about it from those cases in which repression must be described as having to a greater or less extent failed. In this event the position, generally speaking, is that the instinctual impulse has found a substitute in spite of repression, but a substitute which is very much reduced, displaced and inhibited and which is no longer recognizable as a satisfaction. And when the substitutive impulse is carried out there is no sensation of pleasure, its carrying out has, instead, the quality of a compulsion.

In thus degrading a process of satisfaction to a symptom, repression displays its power in a further respect. The substitutive process is prevented, if possible, from finding discharge through motility; and even if this cannot be done, the process is forced to expend itself in making alterations in the subject's own body and is not permitted to impinge upon the external world It must not be transformed into action. For, as we know, in repression the ego is operating under the influence of external reality and therefore it debars the substitutive process from having any effect upon that reality.

Just as the ego controls the path to action in regard to the external world, so it controls access to consciousness. In repression it exercises its power in both directions, acting in the one manner upon the instinctual impulse itself and in the other upon the [psychical] representative of that impulse. At this point it is relevant to ask how I can reconcile this acknowledgement of the might of the ego with the description of its position which I gave in *The Ego and the Id*. In that book I drew a picture of its dependent relationship to the id and to the superego and revealed how powerless and apprehensive it was in regard to both and with what an effort it maintained its show of superiority over them.[1] This view has been widely echoed in psycho-analytic literature. Many writers have laid much stress on the weakness of the ego in relation to the id and of our rational elements in the face of the daemonic forces within us, and they display a strong tendency to make what I have said into a corner-stone of a psycho-analytic *Weltanschauung*. Yet surely the psycho-analyst, with his knowledge of the way in which repression works, should, of all people, be restrained from adopting such an extreme and one-sided view.

[1] [*The Ego and the Id* (1923*b*), Chapter V.]

I must confess that I am not at all partial to the fabrication of *Weltanschauungen*.[1] Such activities may be left to philosophers, who avowedly find it impossible to make their journey through life without a Baedeker of that kind to give them information on every subject. Let us humbly accept the contempt with which they look down on us from the vantage-ground of their superior needs. But since *we* cannot forgo our narcissistic pride either, we will draw comfort from the reflection that such 'Handbooks to Life' soon grow out of date and that it is precisely our short-sighted, narrow and finicky work which obliges them to appear in new editions, and that even the most up-to-date of them are nothing but attempts to find a substitute for the ancient, useful and all-sufficient Church Catechism. We know well enough how little light science has so far been able to throw on the problems that surround us. But however much ado the philosophers may make, they cannot alter the situation. Only patient, persevering research, in which everything is subordinated to the one requirement of certainty, can gradually bring about a change. The benighted traveller may sing aloud in the dark to deny his own fears; but, for all that, he will not see an inch further beyond his nose.

[1] [Cf. a prolonged discussion of this in the last of Freud's *New Introductory Lectures* (1933*a*).]

III

To return to the problem of the ego.[1] The apparent contradiction is due to our having taken abstractions too rigidly and attended exclusively now to the one side and now to the other of what is in fact a complicated state of affairs. We were justified, I think, in dividing the ego from the id, for there are certain considerations which necessitate that step. On the other hand the ego is identical with the id, and is merely a specially differentiated part of it. If we think of this part by itself in contradistinction to the whole, or if a real split has occurred between the two, the weakness of the ego becomes apparent. But if the ego remains bound up with the id and indistinguishable from it, then it displays its strength. The same is true of the relation between the ego and the super-ego. In many situations the two are merged, and as a rule we can only distinguish one from the other when there is a tension or conflict between them. In repression the decisive fact is that the ego is an organization and the id is not. The ego is, indeed, the organized portion of the id. We should be quite wrong if we pictured the ego and the id as two opposing camps and if we supposed that, when the ego tries to suppress a part of the id by means of repression, the remainder of the id comes to the rescue of the endangered part and measures its strength with the ego. This may often be what happens, but it is certainly not the initial situation in repression. As a rule the instinctual impulse which is to be repressed remains isolated. Although the act of repression demonstrates the strength of the ego, in one particular it reveals the ego's powerlessness and how impervious to influence are the separate instinctual impulses of the id. For the mental process which has been turned into a symptom owing to repression now maintains its existence outside the organization of the ego and independently of it. Indeed, it is not that process alone but all its derivatives which enjoy, as it were, this same privilege of extra-territoriality; and whenever they come into associative contact with a part of the ego-organization, it is not at all certain that they will

[1] [I.e. the contrast between its strength and weakness in relation to the id.]

not draw that part over to themselves and thus enlarge themselves at the expense of the ego. An analogy with which we have long been familiar compared a symptom to a foreign body which was keeping up a constant succession of stimuli and reactions in the tissue in which it was embedded.[1] It does sometimes happen that the defensive struggle against an unwelcome instinctual impulse is brought to an end with the formation of a symptom. As far as can be seen, this is most often possible in hysterical conversion. But usually the outcome is different. The initial act of repression is followed by a tedious or interminable sequel in which the struggle against the instinctual impulse is prolonged into a struggle against the symptom.

In this secondary defensive struggle the ego presents two faces with contradictory expressions. The one line of behaviour it adopts springs from the fact that its very nature obliges it to make what must be regarded as an attempt at restoration or reconciliation. The ego is an organization. It is based on the maintenance of free intercourse and of the possibility of reciprocal influence between all its parts. Its desexualized energy still shows traces of its origin in its impulsion to bind together and unify, and this necessity to synthesize grows stronger in proportion as the strength of the ego increases. It is therefore only natural that the ego should try to prevent symptoms from remaining isolated and alien by using every possible method to bind them to itself in one way or another, and to incorporate them into its organization by means of those bonds. As we know, a tendency of this kind is already operative in the very act of forming a symptom. A classical instance of this are those hysterical symptoms which have been shown to be a compromise between the need for satisfaction and the need for punishment.[2] Such symptoms participate in the ego from the very beginning, since they fulfil a requirement of the super-ego, while on the other hand they represent positions occupied by the repressed and points at which an irruption has been made by it into the

[1] [This analogy is discussed and criticized in Freud's contribution to *Studies on Hysteria* (1895*d*), *Standard Ed.*, **2**, 290–1. It appeared originally in the 'Preliminary Communication' (1893*a*), ibid., 6.]

[2] [This idea was foreshadowed in Section II of Freud's second paper on 'The Neuro-Psychoses of Defence' (1896*b*).]

ego-organization. They are a kind of frontier-station with a mixed garrison.[1] (Whether all primary hysterical symptoms are constructed on these lines would be worth enquiring into very carefully.) The ego now proceeds to behave as though it recognized that the symptom had come to stay and that the only thing to do was to accept the situation in good part and draw as much advantage from it as possible. It makes an adaptation to the symptom—to this piece of the internal world which is alien to it—just as it normally does to the real external world. It can always find plenty of opportunities for doing so. The presence of a symptom may entail a certain impairment of capacity, and this can be exploited to appease some demand on the part of the super-ego or to refuse some claim from the external world. In this way the symptom gradually comes to be the representative of important interests; it is found to be useful in asserting the position of the self and becomes more and more closely merged with the ego and more and more indispensable to it. It is only very rarely that the physical process of 'healing' round a foreign body follows such a course as this. There is a danger, too, of exaggerating the importance of a secondary adaptation of this kind to a symptom, and of saying that the ego has created the symptom merely in order to enjoy its advantages. It would be equally true to say that a man who had lost his leg in the war had got it shot away so that he might thenceforward live on his pension without having to do any more work.

In obsessional neurosis and paranoia the forms which the symptoms assume become very valuable to the ego because they obtain for it, not certain advantages, but a narcissistic satisfaction which it would otherwise be without. The systems which the obsessional neurotic constructs flatter his self-love by making him feel that he is better than other people because he is specially cleanly or specially conscientious. The delusional constructions of the paranoic offer to his acute perceptive and imaginative powers a field of activity which he could not easily find elsewhere.

All of this results in what is familiar to us as the '(secondary)

[1] [There is an allusion in this metaphor to the fact that '*Besetzung*', the German word for 'cathexis', can also have the sense of 'garrison'.]

gain from illness' which follows a neurosis.[1] This gain comes to the assistance of the ego in its endeavour to incorporate the symptom and increases the symptom's fixation. When the analyst tries subsequently to help the ego in its struggle against the symptom, he finds that these conciliatory bonds between ego and symptom operate on the side of the resistances and that they are not easy to loosen.

The two lines of behaviour which the ego adopts towards the symptom are in fact directly opposed to each other. For the other line is less friendly in character, since it continues in the direction of repression. Nevertheless the ego, it appears, cannot be accused of inconsistency. Being of a peaceable disposition it would like to incorporate the symptom and make it part of itself. It is from the symptom itself that the trouble comes. For the symptom, being the true substitute for and derivative of the repressed impulse, carries on the role of the latter; it continually renews its demands for satisfaction and thus obliges the ego in its turn to give the signal of unpleasure and put itself in a posture of defence.

The secondary defensive struggle against the symptom takes many shapes. It is fought out on different fields and makes use of a variety of methods. We shall not be able to say much about it until we have made an enquiry into the various different instances of symptom-formation. In doing this we shall have an opportunity of going into the problem of anxiety — a problem which has long been looming in the background. The wisest plan will be to start from the symptoms produced by the hysterical neurosis, for we are not as yet in a position to consider the conditions in which the symptoms of obsessional neurosis, paranoia and other neuroses are formed.

[1] [A full discussion of this was given in Lecture XXIV of the *Introductory Lectures* (1916–17).]

IV

Let us start with an infantile hysterical phobia of animals—for instance, the case of 'Little Hans' [1909*b*], whose phobia of horses was undoubtedly typical in all its main features. The first thing that becomes apparent is that in a concrete case of neurotic illness the state of affairs is much more complex than one would suppose so long as one was dealing with abstractions. It takes a little time to find one's bearings and to decide which the repressed impulse is, what substitutive symptom it has found and where the motive for repression lies.

'Little Hans' refused to go out into the street because he was afraid of horses. This was the raw material of the case. Which part of it constituted the symptom? Was it his having the fear? Was it his choice of an object for his fear? Was it his giving up of his freedom of movement? Or was it more than one of these combined? What was the satisfaction which he renounced? And why did he have to renounce it?

At a first glance one is tempted to reply that the case is not so very obscure. 'Little Hans's' unaccountable fear of horses was the symptom and his inability to go out into the streets was an inhibition, a restriction which his ego had imposed on itself so as not to arouse the anxiety-symptom. The second point is clearly correct, and in the discussion which follows I shall not concern myself any further with this inhibition. But as regards the alleged symptom, a superficial acquaintance with the case does not even disclose its true formulation. For further investigation shows that what he was suffering from was not a vague fear of horses but a quite definite apprehension that a horse was going to bite him.[1] This idea, indeed, was endeavouring to withdraw from consciousness and get itself replaced by an undefined phobia in which only the anxiety and its object still appeared. Was it perhaps this idea that was the nucleus of his symptom?

We shall not make any headway until we have reviewed the little boy's psychical situation as a whole as it came to light in the course of the analytic treatment. He was at the time in the jealous and hostile Oedipus attitude towards his father,

[1] [*Standard Ed.*, 10, 24.]

whom nevertheless—except in so far as his mother was the cause of estrangement—he dearly loved. Here, then, we have a conflict due to ambivalence—a well-grounded love and a no less justifiable hatred directed towards one and the same person. 'Little Hans's' phobia must have been an attempt to solve this conflict. Conflicts of this kind due to ambivalence are very frequent and they can have another typical outcome, in which one of the two conflicting feelings (usually that of affection) becomes enormously intensified and the other vanishes. The exaggerated degree and compulsive character of the affection alone betray the fact that it is not the only one present but is continually on the alert to keep the opposite feeling under suppression, and enable us to postulate the operation of a process which we call repression by means of *reaction-formation* (in the ego). Cases like 'Little Hans's' show no traces of a reaction-formation of this kind. There are clearly different ways of egress from a conflict due to ambivalence.

Meanwhile we have been able to establish another point with certainty. The instinctual impulse which underwent repression in 'Little Hans' was a hostile one against his father. Proof of this was obtained in his analysis while the idea of the biting horse was being followed up. He had seen a horse fall down and he had also seen a playmate, with whom he was playing at horses, fall down and hurt himself.[1] Analysis justified the inference that he had a wishful impulse that his father should fall down and hurt himself as his playmate and the horse had done. Moreover, his attitude towards someone's departure on a certain occasion[2] makes it probable that his wish that his father should be out of the way also found less hesitating expression. But a wish of this sort is tantamount to an intention of putting one's father out of the way oneself—is tantamount, that is, to the murderous impulse of the Oedipus complex.

So far there seem to be no connecting links between 'Little Hans's' repressed instinctual impulse and the substitute for it which we suspect is to be seen in his phobia of horses. Let us simplify his psychical situation by setting on one side the infantile factor and the ambivalence. Let us imagine that he is a young servant who is in love with the mistress of the house

[1] [*Standard Ed.*, **10**, 50 and 82.] [2] [Ibid., 29.]

and has received some tokens of her favour. He hates his master, who is more powerful than he is, and he would like to have him out of the way. It would then be eminently natural for him to dread his master's vengeance and to develop a fear of him—just as 'Little Hans' developed a phobia of horses. We cannot, therefore, describe the fear belonging to this phobia as a symptom. If 'Little Hans', being in love with his mother, had shown fear of his father, we should have no right to say that he had a neurosis or a phobia. His emotional reaction would have been entirely comprehensible. What made it a neurosis was one thing alone: the replacement of his father by a horse. It is this displacement, then, which has a claim to be called a symptom, and which, incidentally, constitutes the alternative mechanism which enables a conflict due to ambivalence to be resolved without the aid of a reaction-formation. [Cf. above, p. 102.] Such a displacement is made possible or facilitated at 'Little Hans's' early age because the inborn traces of totemic thought can still be easily revived. Children do not as yet recognize or, at any rate, lay such exaggerated stress upon the gulf that separates human beings from the animal world.[1] In their eyes the grown man, the object of their fear and admiration, still belongs to the same category as the big animal who has so many enviable attributes but against whom they have been warned because he may become dangerous. As we see, the conflict due to ambivalence is not dealt with in relation to one and the same person: it is circumvented, as it were, by one of the pair of conflicting impulses being directed to another person as a substitutive object.

So far everything is clear. But the analysis of 'Hans's' phobia has been a complete disappointment in one respect. The distortion which constituted the symptom-formation was not applied to the [psychical] representative—the ideational content—of the instinctual impulse that was to be repressed, it was applied to a quite different representative and one which only corresponded to a *reaction* to the disagreeable instinct. It would be more in accordance with our expectations if 'Little Hans' had developed, instead of a fear of horses, an inclination to ill-treat them and to beat them or if he had expressed in

[1] [Cf. 'A Difficulty in the Path of Psycho-Analysis' (1917*a*), *Standard Ed.*, **17**, 140.]

plain terms a wish to see them fall down or be hurt or even die in convulsions ('make a row with their feet').[1] Something of the sort did in fact emerge in his analysis, but it was not by any means in the forefront of his neurosis. And, curiously enough, if he really had produced a hostility of this sort not against his father but against horses as his main symptom, we should not have said that he was suffering from a neurosis. There must be something wrong either with our view of repression or with our definition of a symptom. One thing, of course, strikes us at once: if 'Little Hans' had really behaved like that to horses, it would mean that repression had in no way altered the character of his objectionable and aggressive instinctual impulse itself but only the object towards which it was directed.

Undoubtedly there are cases in which this is all that repression does. But more than this happened in the development of 'Little Hans's' phobia—how much more can be guessed from a part of another analysis.

As we know, 'Little Hans' alleged that what he was afraid of was that a horse would bite him. Now some time later I was able to learn something about the origin of another animal phobia. In this instance the dreaded animal was a wolf, it, too, had the significance of a father-substitute. As a boy the patient in question—a Russian whom I did not analyse till he was in his twenties—had had a dream (whose meaning was revealed in analysis) and, immediately after it, had developed a fear of being devoured by a wolf, like the seven little goats in the fairy tale.[2] In the case of 'Little Hans' the ascertained fact that his father used to play at horses with him[3] doubtless determined his choice of a horse as his anxiety-animal. In the same way it appeared at least highly probable that the father of my Russian patient used, when playing with him, to pretend to be a wolf and jokingly threaten to gobble him up.[4] Since then I have come across a third instance. The patient was a young American who came to me for analysis. He did not, it is true, develop an animal phobia, but it is precisely because

[1] [*Standard Ed.*, **10**, 50.]

[2] 'From the History of an Infantile Neurosis' (1918*b*) [*Standard Ed.*, **17**, 29 ff.].

[3] [*Standard Ed.*, **10**, 126–7.] [4] [*Standard Ed.*, **17**, 32.]

of this omission that his case helps to throw light upon the other two. As a child he had been sexually excited by a fantastic children's story which had been read aloud to him about an Arab chief who pursued a 'gingerbread man'[1] so as to eat him up. He identified himself with this edible person, and the Arab chief was easily recognizable as a father-substitute. His phantasy formed the earliest substratum of his auto-erotic phantasies.

The idea of being devoured by the father is typical age-old childhood material. It has familiar parallels in mythology (e.g. the myth of Kronos) and in the animal kingdom. Yet in spite of this confirmation the idea is so strange to us that we can hardly credit its existence in a child. Nor do we know whether it really means what it seems to say, and we cannot understand how it can have become the subject of a phobia. Analytic observation supplies the requisite information. It shows that the idea of being devoured by the father gives expression, in a form that has undergone regressive degradation, to a passive, tender impulse to be loved by him in a genital-erotic sense. Further investigation of the case history[2] leaves no doubt of the correctness of this explanation. The genital impulse, it is true, betrays no sign of its tender purpose when it is expressed in the language belonging to the superseded transitional phase between the oral and sadistic organizations of the libido. Is it, moreover, a question merely of the replacement of the [psychical] representative by a regressive form of expression or is it a question of a genuine regressive degradation of the genitally-directed impulse in the id? It is not at all easy to make certain. The case history of the Russian 'Wolf Man' gives very definite support to the second, more serious, view; for, from the time of the decisive dream onward, the boy became naughty, tormenting and sadistic, and soon afterwards developed a regular obsessional neurosis. At any rate, we can see that repression is not the only means which the ego can employ for the purpose of defence against an unwelcome instinctual impulse. If it succeeds in making an instinct regress, it will actually have done it more injury than it could have by repressing it. Sometimes, indeed, after forcing an instinct to regress in this way, it goes on to repress it.

[1] [In English in the original.] [2] [Of the Russian patient.]

The case of the 'Wolf Man' and the somewhat less complicated one of 'Little Hans' raise a number of further considerations. But we have already made two unexpected discoveries. There can be no doubt that the instinctual impulse which was repressed in both phobias was a hostile one against the father. One might say that that impulse had been repressed by the process of being transformed into its opposite.[1] Instead of aggressiveness on the part of the subject towards his father, there appeared aggressiveness (in the shape of revenge) on the part of his father towards the subject. Since this aggressiveness is in any case rooted in the sadistic phase of the libido, only a certain amount of degradation is needed to reduce it to the oral stage. This stage, while only hinted at in 'Little Hans's' fear of being bitten, was blatantly exhibited in the 'Wolf Man's' terror of being devoured. But, besides this, the analysis has demonstrated, beyond a shadow of doubt, the presence of another instinctual impulse of an opposite nature which had succumbed to repression. This was a tender, passive impulse directed towards the father, which had already reached the genital (phallic) level of libidinal organization. As regards the final outcome of the process of repression, this impulse seems, indeed, to have been the more important of the two; it underwent a more far-reaching regression and had a decisive influence upon the content of the phobia. In following up a *single* instinctual repression we have thus had to recognize a convergence of *two* such processes. The two instinctual impulses that have been overtaken by repression—sadistic aggressiveness towards the father and a tender passive attitude to him—form a pair of opposites. Furthermore, a full appreciation of 'Little Hans's' case shows that the formation of his phobia had had the effect of abolishing his affectionate object-cathexis of his mother as well, though the actual content of his phobia betrayed no sign of this. The process of repression had attacked almost all the components of his Oedipus complex—both his hostile and his tender impulses towards his father and his tender impulses towards his mother. In my Russian patient this state of affairs was much less obvious.

These are unwelcome complications, considering that we

[1] [Cf. 'Instincts and their Vicissitudes' (1915), *Standard Ed.*, **14**, 126 ff.]

only set out to study simple cases of symptom-formation due to repression, and with that intention selected the earliest and, to all appearances, most transparent neuroses of childhood. Instead of a single repression we have found a collection of them and have become involved with regression into the bargain. Perhaps we have added to the confusion by treating the two cases of animal phobia at our disposal—'Little Hans' and the 'Wolf Man'—as though they were cast in the same mould. As a matter of fact, certain differences between them stand out. It is only with regard to 'Little Hans' that we can say with certainty that what his phobia disposed of were the two main impulses of the Oedipus complex—his aggressiveness towards his father and his over-fondness for his mother. A tender feeling for his father was undoubtedly there too and played a part in repressing the opposite feeling; but we can prove neither that it was strong enough to draw repression upon itself nor that it disappeared afterwards. 'Hans' seems, in fact, to have been a normal boy with what is called a 'positive' Oedipus complex. It is possible that the factors which we do not find were actually at work in him, but we cannot demonstrate their existence. Even the most exhaustive analysis has gaps in its data and is insufficiently documented. In the case of the Russian the deficiency lies elsewhere. His attitude to female objects had been disturbed by an early seduction[1] and his passive, feminine side was strongly developed. The analysis of his wolf-dream revealed very little intentional aggressiveness towards his father, but it brought forward unmistakable proof that what repression overtook was his passive tender attitude to his father. In his case, too, the other factors may have been operative as well; but they were not in evidence. How is it that, in spite of these differences in the two cases, almost amounting to an antithesis, the final outcome—a phobia—was approximately the same? The answer must be sought in another quarter. I think it will be found in the second fact which emerges from our brief comparative examination. It seems to me that in both cases we can detect what the motive force of the repression was and can substantiate our view of its nature from the line of development which the two children subsequently pursued. This motive force was the same in both of

[1] [*Standard Ed.*, 17, 20 ff.]

them. It was the fear of impending castration. 'Little Hans' gave up his aggressiveness towards his father from fear of being castrated. His fear that a horse would bite him can, without any forcing, be given the full sense of a fear that a horse would bite off his genitals, would castrate him. But it was from fear of being castrated, too, that the little Russian relinquished his wish to be loved by his father, for he thought that a relation of that sort presupposed a sacrifice of his genitals—of the organ which distinguished him from a female. As we see, both forms of the Oedipus complex, the normal, active form and the inverted one, came to grief through the castration complex. The Russian boy's anxiety-idea of being devoured by a wolf contained, it is true, no suggestion of castration, for the oral regression it had undergone had removed it too far from the phallic stage. But the analysis of his dream rendered further proof superfluous. It was a triumph of repression that the form in which his phobia was expressed should no longer have contained any allusion to castration.

Here, then, is our unexpected finding: in both patients the motive force of the repression was fear of castration. The ideas contained in their anxiety being bitten by a horse and being devoured by a wolf were substitutes by distortion for the idea of being castrated by their father. This was the idea which had undergone repression. In the Russian boy the idea was an expression of a wish which was not able to subsist in the face of his masculine revolt; in 'Little Hans' it was the expression of a reaction in him which had turned his aggressiveness into its opposite. But the *affect* of anxiety, which was the essence of the phobia, came, not from the process of repression, not from the libidinal cathexes of the repressed impulses, but from the repressing agency itself. The anxiety belonging to the animal phobias was an untransformed fear of castration. It was therefore a realistic fear,[1] a fear of a danger which was actually impending or was judged to be a real one. It was

[1] ['*Realangst*' in the German. The adjective 'realistic' has, throughout the *Standard Edition*, been preferred to the impossible 'real' and to 'objective' which has been used elsewhere, but which gives rise to evident ambiguities. On the other hand, for '*Realgefahr*' we have 'real danger'.]

anxiety which produced repression and not, as I formerly believed, repression which produced anxiety.

It is no use denying the fact, though it is not pleasant to recall it, that I have on many occasions asserted that in repression the instinctual representative is distorted, displaced, and so on, while the libido belonging to the instinctual impulse is transformed into anxiety.[1] But now an examination of phobias, which should be best able to provide confirmatory evidence, fails to bear out my assertion, it seems, rather, to contradict it directly. The anxiety felt in animal phobias is the ego's fear of castration; while the anxiety felt in agoraphobia (a subject that has been less thoroughly studied) seems to be its fear of sexual temptation—a fear which, after all, must be connected in its origins with the fear of castration. As far as can be seen at present, the majority of phobias go back to an anxiety of this kind felt by the ego in regard to the demands of the libido. It is always the ego's attitude of anxiety which is the primary thing and which sets repression going. Anxiety never arises from repressed libido. If I had contented myself earlier with saying that after the occurrence of repression a certain amount of anxiety appeared in place of the manifestation of libido that was to be expected, I should have nothing to retract to-day. The description would be correct, and there does undoubtedly exist a correspondence of the kind asserted between the strength of the impulse that has to be repressed and the intensity of the resultant anxiety. But I must admit that I thought I was giving more than a mere description. I believed I had put my finger on a metapsychological process of direct transformation of libido into anxiety. I can now no longer maintain this view. And, indeed, I found it impossible at the time to explain how a transformation of that kind was carried out.

It may be asked how I arrived at this idea of transformation in the first instance. It was while I was studying the 'actual neuroses', at a time when analysis was still a very long way from distinguishing between processes in the ego and processes

[1] [See, for instance, Freud's paper on repression (1915*d*), *Standard Ed.*, 14, 150, where the case of the 'Wolf Man' is also considered. A further discussion will be found in Addendum A (*b*), p. 103 ff., as well as in the Editor's Introduction, p. 78 ff.]

in the id.[1] I found that outbreaks of anxiety and a general state of preparedness for anxiety were produced by certain sexual practices such as *coitus interruptus*, undischarged sexual excitation or enforced abstinence—that is, whenever sexual excitation was inhibited, arrested or deflected in its progress towards satisfaction. Since sexual excitation was an expression of libidinal instinctual impulses it did not seem too rash to assume that the libido was turned into anxiety through the agency of these disturbances. The observations which I made at the time still hold good. Moreover, it cannot be denied that the libido belonging to the id-processes is subjected to disturbance at the instigation of repression. It might still be true, therefore, that in repression anxiety is produced from the libidinal cathexis of the instinctual impulses. But how can we reconcile this conclusion with our other conclusion that the anxiety felt in phobias is an ego anxiety and arises in the ego, and that it does not proceed out of repression but, on the contrary, sets repression in motion? There seems to be a contradiction here which it is not at all a simple matter to solve. It will not be easy to reduce the two sources of anxiety to a single one. We might attempt to do so by supposing that, when coitus is disturbed or sexual excitation interrupted or abstinence enforced, the ego scents certain dangers to which it reacts with anxiety. But this takes us nowhere. On the other hand, our analysis of the phobias seems to admit of no correction. *Non liquet.*[2]

[1] [See Freud's first paper on anxiety neurosis (1895*b*).]

[2] ['It is not clear.' An old legal verdict used when the evidence was inconclusive; compare the Scottish 'not proven'.]

V

We set out to study the formation of symptoms and the secondary struggle waged by the ego against symptoms. But in picking on the phobias for this purpose we have clearly made an unlucky choice. The anxiety which predominates in the picture of these disorders is now seen as a complication which obscures the situation. There are plenty of neuroses which exhibit no anxiety whatever. True conversion hysteria is one of these. Even in its most severe symptoms no admixture of anxiety is found. This fact alone ought to warn us against making too close a connection between anxiety and symptom-formation. The phobias are so closely akin to conversion hysteria in every other respect that I have felt justified in classing them alongside of it under the name of 'anxiety hysteria'. But no one has as yet been able to say what it is that determines whether any given case shall take the form of a conversion hysteria or a phobia—has been able, that is to say, to establish what determines the generating of anxiety in hysteria.

The commonest symptoms of conversion hysteria—motor paralyses, contractures, involuntary actions or discharges, pains and hallucinations—are cathectic processes which are either permanently maintained or intermittent. But this puts fresh difficulties in the way. Not much is actually known about these symptoms. Analysis can show what the disturbed excitatory process is which the symptoms replace. It usually turns out that they themselves have a share in that process. It is as though the whole energy of the process had been concentrated in this one part of it. For instance, it will be found that the pains from which a patient suffers were present in the situation in which the repression occurred, or that his hallucination was, at that time, a perception, or that his motor paralysis is a defence against an action which should have been performed in that situation but was inhibited; or that his contracture is usually a displacement of an intended innervation of the muscles in some other part of his body, or that his convulsions are the expression of an outburst of affect which has been withdrawn from the normal control of the ego. The sensation of unpleasure which accompanies the appearance of the symptoms

varies in a striking degree. In chronic symptoms which have been displaced on to motility, like paralyses and contractures, it is almost always entirely absent; the ego behaves towards the symptoms as though it had nothing to do with them. In intermittent symptoms and in those concerned with the sensory sphere, sensations of unpleasure are as a rule distinctly felt; and in symptoms of pain these may reach an extreme degree. The picture presented is so manifold that it is difficult to discover the factor which permits of all these variations and yet allows a uniform explanation of them. There is, moreover, little to be seen in conversion hysteria of the ego's struggle against the symptom after it has been formed. It is only when sensitivity to pain in some part of the body constitutes the symptom that that symptom is in a position to play a dual role. The symptom of pain will appear no less regularly whenever the part of the body concerned is touched from outside than when the pathogenic situation which it represents is associatively activated from within, and the ego will take precautions to prevent the symptom from being aroused through external perceptions. Why the formation of symptoms in conversion hysteria should be such a peculiarly obscure thing I cannot tell; but the fact affords us a good reason for quitting such an unproductive field of enquiry without delay.

Let us turn to the obsessional neuroses in the hope of learning more about the formation of symptoms. The symptoms belonging to this neurosis fall, in general, into two groups, each having an opposite trend. They are either prohibitions, precautions and expiations – that is, negative in character – or they are, on the contrary, substitutive satisfactions which often appear in symbolic disguise. The negative, defensive group of symptoms is the older of the two; but as illness is prolonged, the satisfactions, which scoff at all defensive measures, gain the upper hand. The symptom-formation scores a triumph if it succeeds in combining the prohibition with satisfaction so that what was originally a defensive command or prohibition acquires the significance of a satisfaction as well; and in order to achieve this end it will often make use of the most ingenious associative paths. Such an achievement demonstrates the tendency of the ego to synthesize, which we have already observed [p. 98].

In extreme cases the patient manages to make most of his symptoms acquire, in addition to their original meaning, a directly contrary one. This is a tribute to the power of ambivalence, which, for some unknown reason, plays such a large part in obsessional neuroses. In the crudest instance the symptom is diphasic:[1] an action which carries out a certain injunction is immediately succeeded by another action which stops or undoes the first one even if it does not go quite so far as to carry out its opposite.

Two impressions at once emerge from this brief survey of obsessional symptoms. The first is that a ceaseless struggle is being waged against the repressed, in which the repressing forces steadily lose ground; the second is that the ego and the super-ego have a specially large share in the formation of the symptoms.

Obsessional neurosis is unquestionably the most interesting and repaying subject of analytic research. But as a problem it has not yet been mastered. It must be confessed that, if we endeavour to penetrate more deeply into its nature, we still have to rely upon doubtful assumptions and unconfirmed suppositions. Obsessional neurosis originates, no doubt, in the same situation as hysteria, namely, the necessity of fending off the libidinal demands of the Oedipus complex. Indeed, every obsessional neurosis seems to have a substratum of hysterical symptoms that have been formed at a very early stage.[2] But it is subsequently shaped along quite different lines owing to a constitutional factor. The genital organization of the libido turns out to be feeble and insufficiently resistant, so that when the ego begins its defensive efforts the first thing it succeeds in doing is to throw back the genital organization (of the phallic phase), in whole or in part, to the earlier sadistic-anal level. This fact of regression is decisive for all that follows.

Another possibility has to be considered. Perhaps regression is the result not of a constitutional factor but of a time-factor. It may be that regression is rendered possible not because the

[1] [I.e. occurs in two instalments. Cf. a passage near the end of Lecture XIX of the *Introductory Lectures* (1916–17). See also below, p. 114.]

[2] [See the beginning of Section II of Freud's second paper on 'The Neuro-Psychoses of Defence' (1896*b*). An example occurs in the 'Wolf Man' analysis (1918*b*), *Standard Ed.*, **17**, 75.]

genital organization of the libido is too feeble but because the opposition of the ego begins too early, while the sadistic phase is at its height. I am not prepared to express a definite opinion on this point, but I may say that analytic observation does not speak in favour of such an assumption. It shows rather that, by the time an obsessional neurosis is entered upon, the phallic stage has already been reached. Moreover, the onset of this neurosis belongs to a later time of life than that of hysteria — to the second period of childhood, after the latency period has set in. In a woman patient whose case I was able to study and who was overtaken by this disorder at a very late date, it became clear that the determining cause of her regression and of the emergence of her obsessional neurosis was a real occurrence through which her genital life, which had up till then been intact, lost all its value.[1]

As regards the metapsychological explanation of regression, I am inclined to find it in a 'defusion of instinct', in a detachment of the erotic components which, with the onset of the genital stage, had joined the destructive cathexes belonging to the sadistic phase.[2]

In enforcing regression, the ego scores its first success in its defensive struggle against the demands of the Libido. (In this connection it is of advantage to distinguish the more general notion of 'defence' from 'repression'.[3] Repression is only one of the mechanisms which defence makes use of.) It is perhaps in obsessional cases more than in normal or hysterical ones that we can most clearly recognize that the motive force of defence is the castration complex and that what is being fended off are the trends of the Oedipus complex. We are at present dealing with the beginning of the latency period, a period which is characterized by the dissolution of the Oedipus complex, the creation or consolidation of the super-ego and the erection of ethical and aesthetic barriers in the ego. In obsessional neuroses these processes are carried further than is normal. In addition

[1] See my paper on 'The Disposition to Obsessional Neurosis' (1913*i*) [*Standard Ed.*, **12**, 319 f.].

[2] [Towards the beginning of Chapter IV of *The Ego and the Id* (1923*b*), Freud had suggested that the advance from the sadistic-anal to the genital phase is conditioned by an accession of erotic components.]

[3] [This is discussed at length below, in Addendum A(*c*), p. 163 f.]

to the destruction of the Oedipus complex a regressive degradation of the libido takes place, the super-ego becomes exceptionally severe and unkind, and the ego, in obedience to the super-ego, produces strong reaction-formations in the shape of conscientiousness, pity and cleanliness. Implacable, though not always on that account successful, severity is shown in condemning the temptation to continue early infantile masturbation, which now attaches itself to regressive (sadistic-anal) ideas but which nevertheless represents the unsubjugated part of the phallic organization. There is an inherent contradiction about this state of affairs, in which, precisely in the interests of masculinity (that is to say, from fear of castration), every activity belonging to masculinity is stopped. But here, too, obsessional neurosis is only overdoing the normal method of getting rid of the Oedipus complex. We once more find here an illustration of the truth that every exaggeration contains the seed of its own undoing. For, under the guise of obsessional acts, the masturbation that has been suppressed approaches ever more closely to satisfaction.

The reaction-formations in the ego of the obsessional neurotic, which we recognize as exaggerations of normal character-formation, should be regarded, I think, as yet another mechanism of defence and placed alongside of regression and repression. They seem to be absent or very much weaker in hysteria. Looking back, we can now get an idea of what is peculiar to the defensive process in hysteria. It seems that in it the process is limited to repression alone. The ego turns away from the disagreeable instinctual impulse, leaves it to pursue its course in the unconscious, and takes no further part in its fortunes. This view cannot be absolutely correct, for we are acquainted with the case in which a hysterical symptom is at the same time a fulfilment of a penalty imposed by the super-ego; but it may describe a general characteristic of the behaviour of the ego in hysteria.

We can either simply accept it as a fact that in obsessional neurosis a super-ego of this severe kind emerges, or we can take the regression of the libido as the fundamental characteristic of the affection and attempt to relate the severity of the super-ego to it. And indeed the super-ego, originating as it does from the id, cannot dissociate itself from the regression and defusion

of instinct which have taken place there. We cannot be surprised if it becomes harsher, unkinder and more tormenting than where development has been normal.

The chief task during the latency period seems to be the fending-off of the temptation to masturbate. This struggle produces a series of symptoms which appear in a typical fashion in the most different individuals and which in general have the character of a ceremonial. It is a great pity that no one has as yet collected them and systematically analysed them. Being the earliest products of the neurosis they should best be able to shed light on the mechanisms employed in its symptom-formation. They already exhibit the features which will emerge so disastrously if a serious illness follows. They tend to become attached to activities (which would later be carried out almost automatically) such as going to sleep, washing, dressing and walking about; and they tend also to repetition and waste of time. Why this should be so is at present not at all clear; but the sublimation of anal-erotic components plays an unmistakable part in it.

The advent of puberty opens a decisive chapter in the history of an obsessional neurosis. The genital organization which has been broken off in childhood starts again with great vigour. But, as we know, the sexual development in childhood determines what direction this new start at puberty will take. Not only will the early aggressive impulses be re-awakened; but a greater or lesser proportion of the new libidinal impulses—in bad cases the whole of them—will have to follow the course prescribed for them by regression and will emerge as aggressive and destructive tendencies. In consequence of the erotic trends being disguised in this way and owing to the powerful reaction-formations in the ego, the struggle against sexuality will henceforward be carried on under the banner of ethical principles. The ego will recoil with astonishment from promptings to cruelty and violence which enter consciousness from the id, and it has no notion that in them it is combating erotic wishes, including some to which it would not otherwise have taken exception. The overstrict super-ego insists all the more strongly on the suppression of sexuality, since this has assumed such repellent forms. Thus in obsessional neurosis the conflict is aggravated in two directions: the defensive forces become more

intolerant and the forces that are to be fended off become more intolerable. Both effects are due to a single factor, namely, regression of the libido.

A good deal of what has been said may be objected to on the ground that the unpleasant obsessive ideas are themselves quite conscious. But there is no doubt that before becoming conscious they have been through the process of repression. In most of them the actual wording of the aggressive instinctual impulse is altogether unknown to the ego, and it requires a good deal of analytic work to make it conscious. What does penetrate into consciousness is usually only a distorted substitute which is either of a vague, dream-like and indeterminate nature or so travestied as to be unrecognizable. Even where repression has not encroached upon the content of the aggressive impulse it has certainly got rid of its accompanying affective character. As a result, the aggressiveness appears to the ego not to be an impulse in but, as the patients themselves say, merely a 'thought' which awakens no feeling.[1] But the remarkable thing is that this is not the case. What happens is that the affect left out when the obsessional idea is perceived appears in a different place. The super-ego behaves as though repression had not occurred and as though it knew the real wording and full affective character of the aggressive impulse, and it treats the ego accordingly. The ego which, on the one hand, knows that it is innocent is obliged, on the other hand, to be aware of a sense of guilt and to carry a responsibility which it cannot account for. This state of affairs is, however, not so puzzling as it would seem at first sight. The behaviour of the super-ego is perfectly intelligible, and the contradiction in the ego merely shows that it has shut out the id by means of repression while remaining fully accessible to the influence of the super-ego.[2] If it is asked why the ego does not also attempt to withdraw from the tormenting criticism of the super-ego, the answer is that it *does* manage to do so in a great number of instances. There are obsessional neuroses in which no sense of guilt whatever is present. In them, as far as can be seen, the ego has avoided becoming aware of it by instituting a fresh set of symptoms,

[1] [For all of this see the 'Rat Man' case history (1909*d*), *Standard Ed.*, **10**, 221 ff. and 167 *n.*]

[2] Cf. Theodor Reik, 1925, 51.

penances or restrictions of a self-punishing kind. These symptoms, however, represent at the same time a satisfaction of masochistic impulses which, in their turn, have been reinforced by regression.

Obsessional neurosis presents such a vast multiplicity of phenomena that no efforts have yet succeeded in making a coherent synthesis of all its variations. All we can do is to pick out certain typical correlations, but there is always the risk that we may have overlooked other uniformities of a no less important kind.

I have already described the general tendency of symptom-formation in obsessional neurosis. It is to give ever greater room to substitutive satisfaction at the expense of frustration. Symptoms which once stood for a restriction of the ego come later on to represent satisfactions as well, thanks to the ego's inclination to synthesis, and it is quite clear that this second meaning gradually becomes the more important of the two. The result of this process, which approximates more and more to a complete failure of the original purpose of defence, is an extremely restricted ego which is reduced to seeking satisfaction in the symptoms. The displacement of the distribution of forces in favour of satisfaction may have the dreaded final outcome of paralysing the will of the ego, which in every decision it has to make is almost as strongly impelled from the one side as from the other. The over-acute conflict between id and super-ego which has dominated the illness from the very beginning may assume such extensive proportions that the ego, unable to carry out its office of mediator, can undertake nothing which is not drawn into the sphere of that conflict.

VI

In the course of these struggles we come across two activities of the ego which form symptoms and which deserve special attention because they are obviously surrogates of repression and therefore well calculated to illustrate its purpose and technique. The fact that such auxiliary and substitutive techniques emerge may argue that true repression has met with difficulties in its functioning. If one considers how much more the ego is the scene of action of symptom-formation in obsessional neurosis than it is in hysteria and with what tenacity the ego clings to its relations to reality and to consciousness, employing all its intellectual faculties to that end—and indeed how the very process of thinking becomes hypercathected and erotized—then one may perhaps come to a better understanding of these variations of repression.

The two techniques I refer to are *undoing what has been done* and *isolating*.[1] The first of these has a wide range of application and goes back very far. It is, as it were, negative magic, and endeavours, by means of motor symbolism, to 'blow away' not merely the *consequences* of some event (or experience or impression) but the event itself. I choose the term 'blow away' advisedly, so as to remind the reader of the part played by this technique not only in neuroses but in magical acts, popular customs and religious ceremonies as well. In obsessional neurosis the technique of undoing what has been done is first met with in the 'diphasic' symptoms [p. 113], in which one action is cancelled out by a second, so that it is as though neither action had taken place, whereas, in reality, both have. This aim of undoing is the second underlying motive of obsessional ceremonials, the first being to take precautions in order to prevent the occurrence or recurrence of some particular event. The difference between the two is easily seen: the precautionary measures are rational, while trying to get rid of something by 'making it not to have happened' is irrational and in the nature of magic. It is of course to be suspected that

[1] [Both these techniques are referred to in the 'Rat Man' analysis (1909*d*, *Standard Ed.*, **10**, 235–6 and 243). The first of them, in German '*ungeschehenmachen*', means literally 'making unhappened'.]

the latter is the earlier motive of the two and proceeds from the animistic attitude towards the environment. This endeavour to undo shades off into normal behaviour in the case in which a person decides to regard an event as not having happened.[1] But where he will take no direct steps against the event, and will simply pay no further attention to it or its consequences, the neurotic person will try to make the past itself non-existent. He will try to repress it by motor means. The same purpose may perhaps account for the obsession for *reflecting* which is so frequently met with in this neurosis and the carrying out of which serves a number of contradictory intentions at once. When anything has not happened in the desired way it is undone by being repeated in a different way, and thereupon all the motives that exist for lingering over such repetitions come into play as well. As the neurosis proceeds, we often find that the endeavour to undo a traumatic experience is a motive of first-rate importance in the formation of symptoms. We thus unexpectedly discover a new, motor technique of defence, or (as we may say in this case with less inaccuracy) of repression.

The second of these techniques which we are setting out to describe for the first time, that of isolation, is peculiar to obsessional neurosis. It, too, takes place in the motor sphere. When something unpleasant has happened to the subject or when he himself has done something which has a significance for his neurosis, he interpolates an interval during which nothing further must happen – during which he must perceive nothing and do nothing.[2] This behaviour, which seems strange at first sight, is soon seen to have a relation to repression. We know that in hysteria it is possible to cause a traumatic experience to be overtaken by amnesia. In obsessional neurosis this can often not be achieved: the experience is not forgotten, but, instead, it is deprived of its affect, and its associative connections are suppressed or interrupted so that it remains as though isolated and is not reproduced in the ordinary processes of thought. The effect of this isolation is the same as the effect of repression with amnesia. This technique, then, is reproduced in the isolations of obsessional neurosis, and it is at the same time given motor reinforcement for magical purposes. The elements

[1] [In the original: 'as "*non arrivé*" '.]

[2] [Cf. the 'Rat Man', ibid., 246.]

that are held apart in this way are precisely those which belong together associatively. The motor isolation is meant to ensure an interruption of the connection in thought. The normal phenomenon of concentration provides a pretext for this kind of neurotic procedure: what seems to us important in the way of an impression or a piece of work must not be interfered with by the simultaneous claims of any other mental processes or activities. But even a normal person uses concentration to keep away not only what is irrelevant or unimportant, but, above all, what is unsuitable because it is contradictory. He is most disturbed by those elements which once belonged together but which have been torn apart in the course of his development as, for instance, by manifestations of the ambivalence of his father-complex in his relation to God, or by impulses attached to his excretory organs in his emotions of love. Thus, in the normal course of things, the ego has a great deal of isolating work to do in its function of directing the current of thought. And, as we know, we are obliged, in carrying out our analytic technique, to train it to relinquish that function for the time being, eminently justified as it usually is.

We have all found by experience that it is especially difficult for an obsessional neurotic to carry out the fundamental rule of psycho-analysis. His ego is more watchful and makes sharper isolations, probably because of the high degree of tension due to conflict that exists between his super-ego and his id. While he is engaged in thinking, his ego has to keep off too much the intrusion of unconscious phantasies and the manifestation of ambivalent trends. It must not relax, but is constantly prepared for a struggle. It fortifies this compulsion to concentrate and to isolate by the help of the magical acts of isolation which, in the form of symptoms, grow to be so noticeable and to have so much practical importance for the patient, but which are, of course, useless in themselves and are in the nature of ceremonials.

But in thus endeavouring to prevent associations and connections of thought, the ego is obeying one of the oldest and most fundamental commands of obsessional neurosis, the taboo on touching. If we ask ourselves why the avoidance of touching, contact or contagion should play such a large part in this neurosis and should become the subject-matter of complicated

systems, the answer is that touching and physical contact are the immediate aim of the aggressive as well as the loving object-cathexes.[1] Eros desires contact because it strives to make the ego and the loved object one, to abolish all spatial barriers between them. But destructiveness, too, which (before the invention of long-range weapons) could only take effect at close quarters, must presuppose physical contact, a coming to grips. To 'touch' a woman has become a euphemism for using her as a sexual object. Not to 'touch' one's genitals is the phrase employed for forbidding auto-erotic satisfaction. Since obsessional neurosis begins by persecuting erotic touching and then, after regression has taken place, goes on to persecute touching in the guise of aggressiveness, it follows that nothing is so strongly proscribed in that illness as touching nor so well suited to become the central point of a system of prohibitions. But isolating is removing the possibility of contact; it is a method of withdrawing a thing from being touched in any way. And when a neurotic isolates an impression or an activity by interpolating an interval, he is letting it be understood symbolically that he will not allow his thoughts about that impression or activity to come into associative contact with other thoughts.

This is as far as our investigations into the formation of symptoms take us. It is hardly worth while summing them up, for the results they have yielded are scanty and incomplete and tell us scarcely anything that we do not already know. It would be fruitless to turn our attention to symptom-formation in other disorders besides phobias, conversion hysteria and obsessional neurosis, for too little is known about them. But in reviewing those three neuroses together we are brought up against a very serious problem the consideration of which can no longer be put off. All three have as their outcome the destruction of the Oedipus complex, and in all three the motive force of the ego's opposition is, we believe, the fear of castration. Yet it is only in the phobias that this fear comes to the surface and is acknowledged. What has become of it in the other two neuroses? How has the ego spared itself this fear? The problem becomes accentuated when we recall the possibility, already

[1] [Cf. several passages in the second essay in *Totem and Taboo* (1912–13), e.g. *Standard Ed.*, **13**, 27 ff. and 73.]

referred to, that anxiety arises directly, by a kind of fermentation, from a libidinal cathexis whose processes have been disturbed. Furthermore, is it absolutely certain that fear of castration is the only motive force of repression (or defence)? If we think of neuroses in women we are bound to doubt it. For though we can with certainty establish in them the presence of a castration *complex*, we can hardly speak with propriety of castration *anxiety* where castration has already taken place.

VII

Let us go back again to infantile phobias of animals, for, when all is said and done, we understand them better than any other cases. In animal phobias, then, the ego has to oppose a libidinal object-cathexis coming from the id—a cathexis that belongs either to the positive or the negative Oedipus complex—because it believes that to give way to it would entail the danger of castration. This question has already been discussed, but there still remains a doubtful point to clear up. In 'Little Hans's' case—that is, in the case of a positive Oedipus complex—was it his fondness for his mother or was it his aggressiveness towards his father which called out the defence by the ego? In practice it seems to make no difference, especially as each set of feelings implies the other, but the question has a theoretical interest, since it is only the feeling of affection for the mother which can count as a purely erotic one. The aggressive impulse flows mainly from the destructive instinct, and we have always believed that in a neurosis it is against the demands of the libido and not against those of any other instinct that the ego is defending itself. In point of fact we know that after 'Hans's' phobia had been formed, his tender attachment to his mother seemed to disappear, having been completely disposed of by repression, while the formation of the symptom (the substitutive formation) took place in relation to his aggressive impulses. In the 'Wolf Man' the situation was simpler. The impulse that was repressed—his feminine attitude towards his father—was a genuinely erotic one, and it was in relation to that impulse that the formation of his symptoms took place.

It is almost humiliating that, after working so long, we should still be having difficulty in understanding the most fundamental facts. But we have made up our minds to simplify nothing and to hide nothing. If we cannot see things clearly we will at least see clearly what the obscurities are. What is hampering us here is evidently some hitch in the development of our theory of the instincts. We began by tracing the organization of the libido through its successive stages—from the oral through the sadistic-anal to the genital—and in doing so placed all the components of the sexual instinct on the same footing. Later it appeared

that sadism was the representative of another instinct, which was opposed to Eros. This new view, that the instincts fall into two groups, seems to explode the earlier construction of the successive stages of libidinal organization. But we do not have to break fresh ground in order to find a way out of the difficulty. The solution has been at hand for a long time and lies in the fact that what we are concerned with are scarcely ever pure instinctual impulses but mixtures in various proportions of the two groups of instincts. If this is so, there is no need to revise our view of the organizations of the libido. A sadistic cathexis of an object may also legitimately claim to be treated as a libidinal one, and an aggressive impulse against the father can just as well be subjected to repression as a tender impulse towards the mother. Nevertheless we shall bear in mind for future consideration the possibility that repression is a process which has a special relation to the *genital* organization of the libido and that the ego resorts to other methods of defence when it has to secure itself against the libido on other levels of organization. To continue, a case like 'Little Hans's' does not enable us to come to any clear conclusion. It is true that in him an aggressive impulse was disposed of by repression, but this happened after the genital organization had been reached.

This time we will not lose sight of the part played by anxiety. We have said that as soon as the ego recognizes the danger of castration it gives the signal of anxiety and inhibits through the pleasure-unpleasure agency (in a way which we cannot as yet understand) the impending cathectic process in the id. At the same time the phobia is formed. And now the castration anxiety is directed to a different object and expressed in a distorted form, so that the patient is afraid, not of being castrated by his father, but of being bitten by a horse or devoured by a wolf. This substitutive formation has two obvious advantages. In the first place it avoids a conflict due to ambivalence (for the father was a loved object, too), and in the second place it enables the ego to cease generating anxiety. For the anxiety belonging to a phobia is conditional, it only emerges when the object of it is perceived (and rightly so, since it is only then that the danger-situation is present. There is no need to be afraid of being castrated by a father who is not there. On the other hand one cannot get rid of a father; he

can appear whenever he chooses. But if he is replaced by an animal, all one has to do is to avoid the sight of it—that is, its presence—in order to be free from danger and anxiety. 'Little Hans', therefore, imposed a restriction upon his ego. He produced the inhibition of not leaving the house, so as not to come across any horses. The young Russian had an even easier time of it, for it was hardly a privation for him not to look at a particular picture-book any more. If his naughty sister had not kept on showing him the book with the picture of the wolf standing upright in it, he would have been able to feel safe from his fear.[1]

On a previous occasion I have stated that phobias have the character of a projection in that they replace an internal, instinctual danger by an external, perceptual one. The advantage of this is that the subject can protect himself against an external danger by fleeing from it and avoiding the perception of it, whereas it is useless to flee from dangers that arise from within.[2] This statement of mine was not incorrect, but it did not go below the surface of things. For an instinctual demand is, after all, not dangerous in itself, it only becomes so inasmuch as it entails a real external danger, the danger of castration. Thus what happens in a phobia in the last resort is merely that one external danger is replaced by another. The view that in a phobia the ego is able to escape anxiety by means of avoidance or of inhibitory symptoms fits in very well with the theory that that anxiety is only an affective signal and that no alteration has taken place in the economic situation.

The anxiety felt in animal phobias is, therefore, an affective reaction on the part of the ego to danger; and the danger which is being signalled in this way is the danger of castration. This anxiety differs in no respect from the realistic anxiety which the ego normally feels in situations of danger, except that its content remains unconscious and only becomes conscious in the form of a distortion.

The same will prove true, I think, of the phobias of adults, although the material which their neuroses work over is much

[1] [*Standard Ed.*, **17**, 15–16.]

[2] [See the account of phobias given in Section IV of Freud's metapsychological paper on 'The Unconscious' (1915*e*), *Standard Ed.*, **14**, 182–4. See also Editor's Introduction, p. 80 above.]

more abundant and there are some additional factors in the formation of the symptoms. Fundamentally the position is identical. The agoraphobic patient imposes a restriction on his ego so as to escape a certain instinctual danger – namely, the danger of giving way to his erotic desires. For if he did so the danger of being castrated, or some similar danger, would once more be conjured up as it was in his childhood. I may cite as an instance the case of a young man who became agoraphobic because he was afraid of yielding to the solicitations of prostitutes and of contracting a syphilitic infection from them as a punishment.

I am well aware that a number of cases exhibit a more complicated structure and that many other repressed instinctual impulses can enter into a phobia. But they are only tributary streams which have for the most part joined the main current of the neurosis at a later stage. The symptomatology of agoraphobia is complicated by the fact that the ego does not confine itself to making a renunciation. In order to rob the situation of danger it does more: it usually effects a temporal regression[1] to infancy (in extreme cases, to a time when the subject was in his mother's womb and protected against the dangers which threaten him in the present). Such a regression now becomes a condition whose fulfilment exempts the ego from making its renunciation. For instance, an agoraphobic patient may be able to walk in the street provided he is accompanied, like a small child, by someone he knows and trusts; or, for the same reason, he may be able to go out alone provided he remains within a certain distance of his own house and does not go to places which are not familiar to him or where people do not know him. What these stipulations are will depend in each case on the infantile factors which dominate him through his neurosis. The phobia of being alone is unambiguous in its meaning, irrespective of any infantile regression. It is, ultimately, an endeavour to avoid the temptation to indulge in solitary

[1] [The term 'temporal regression' is used by Freud very rarely. It appears at the beginning of the fifth of his Clark University lectures (1910*a*, *Standard Ed.*, **11**, 49, in a paragraph added in 1914 to *The Interpretation of Dreams* (1900*a*, *Standard Ed.*, **5**, 548, and in a passage in the metapsychological paper on dreams (1917*d*), *Standard Ed.*, **14**, 222–3.]

masturbation. Infantile regression can, of course, only take place when the subject is no longer a child.

A phobia generally sets in after a first anxiety attack has been experienced in specific circumstances, such as in the street or in a train or in solitude. Thereafter the anxiety is held in ban by the phobia, but it re-emerges whenever the protective condition cannot be fulfilled. The mechanism of phobia does good service as a means of defence and tends to be very stable. A continuation of the defensive struggle, in the shape of a struggle against the symptom, occurs frequently but not invariably.

What we have learnt about anxiety in phobias is applicable to obsessional neuroses as well. In this respect it is not difficult for us to put obsessional neuroses on all fours with phobias. In the former, the mainspring of all later symptom formation is clearly the ego's fear of its super-ego. The danger-situation from which the ego must get away is the hostility of the super-ego. There is no trace of projection here; the danger is completely internalized. But if we ask ourselves what it is that the ego fears from the super-ego, we cannot but think that the punishment threatened by the latter must be an extension of the punishment of castration. Just as the father has become depersonalized in the shape of the super-ego, so has the fear of castration at his hands become transformed into an undefined social or moral anxiety.[1] But this anxiety is concealed. The ego escapes it by obediently carrying out the commands, precautions and penances that have been enjoined on it. If it is impeded in doing so, it is at once overtaken by an extremely distressing feeling of discomfort which may be regarded as an equivalent of anxiety and which the patients themselves liken to anxiety.

The conclusion we have come to, then, is this. Anxiety is a reaction to a situation of danger. It is obviated by the ego's doing something to avoid that situation or to withdraw from

[1] ['*Gewissensangst*', literally 'conscience anxiety'. This word is a cause of constant trouble to the translator. In ordinary usage it means no more than 'qualms of conscience'. But often in Freud, as in the present passage, stress is laid on the factor of anxiety in the concept. Sometimes, even, it might be rendered 'fear of conscience' where the distinction between 'conscience' and 'super-ego' is not sharply drawn. The fullest discussion of these questions will be found in Chapters VII and VIII of *Civilization and its Discontents* (1930*a*).]

it. It might be said that symptoms are created so as to avoid the generating of anxiety. But this does not go deep enough. It would be truer to say that symptoms are created so as to avoid a *danger-situation* whose presence has been signalled by the generation of anxiety. In the cases that we have discussed, the danger concerned was the danger of castration or of something traceable back to castration.

If anxiety is a reaction of the ego to danger, we shall be tempted to regard the traumatic neuroses, which so often follow upon a narrow escape from death, as a direct result of a fear of death (or fear *for* life) and to dismiss from our minds the question of castration and the dependent relationships of the ego [p. 95]. Most of those who observed the traumatic neuroses that occurred during the last war[1] took this line, and triumphantly announced that proof was now forthcoming that a threat to the instinct of self-preservation could by itself produce a neurosis without any admixture of sexual factors and without requiring any of the complicated hypotheses of psycho-analysis. It is in fact greatly to be regretted that not a single analysis of a traumatic neurosis of any value is extant.[2] And it is to be regretted, not because such an analysis would contradict the aetiological importance of sexuality—for any such contradiction has long since been disposed of by the introduction of the concept of narcissism, which brings the libidinal cathexis of the ego into line with the cathexes of objects and emphasizes the libidinal character of the instinct of self-preservation—but because, in the absence of any analyses of this kind, we have lost a most precious opportunity of drawing decisive conclusions about the relations between anxiety and the formation of symptoms. In view of all that we know about the structure of the comparatively simple neuroses of everyday life, it would seem highly improbable that a neurosis could come into being merely because of the objective presence of danger, without any participation of the deeper levels of the mental apparatus. But the unconscious seems to contain nothing that could give any content to our concept of the annihilation of life. Castration can be pictured on the basis of the daily experience of the faeces being separated from the body or on the basis of losing the

[1] [The first World War.]

[2] [See Freud's discussion of the war neuroses (1919*d*).]

mother's breast at weaning.[1] But nothing resembling death can ever have been experienced, or if it has, as in fainting, it has left no observable traces behind. I am therefore inclined to adhere to the view that the fear of death should be regarded as analogous to the fear of castration and that the situation to which the ego is reacting is one of being abandoned by the protecting super-ego – the powers of destiny – so that it has no longer any safeguard against all the dangers that surround it.[2] In addition, it must be remembered that in the experiences which lead to a traumatic neurosis the protective shield against external stimuli is broken through and excessive amounts of excitation impinge upon the mental apparatus [cf. p. 94]; so that we have here a second possibility – that anxiety is not only being signalled as an affect but is also being freshly created out of the economic conditions of the situation.

The statement I have just made, to the effect that the ego has been prepared to expect castration by having undergone constantly repeated object-losses, places the question of anxiety in a new light. We have hitherto regarded it as an affective signal of danger, but now, since the danger is so often one of castration, it appears to us as a reaction to a loss, a separation. Even though a number of considerations immediately arise which make against this view, we cannot but be struck by one very remarkable correlation. The first experience of anxiety which an individual goes through (in the case of human beings, at all events) is birth, and, objectively speaking, birth is a separation from the mother. It could be compared to a castration of the mother (by equating the child with a penis). Now it would be very satisfactory if anxiety, as a symbol of a separation, were to be repeated on every subsequent occasion on which a separation took place. But unfortunately we are prevented from making use of this correlation by the fact that birth is not experienced subjectively as a separation from the mother, since the foetus, being a completely narcissistic creature, is totally unaware of her existence as an object. Another adverse argument is that we know what the affective reactions to a

[1] [See a footnote added in 1923 to the 'Little Hans' case history, *Standard Ed.*, 10, 8–9.]

[2] [Cf. the last few paragraphs of *The Ego and the Id* (1923*b*), and below, p. 140.]

separation are: they are pain and mourning, not anxiety. Incidentally, it may be remembered that in discussing the question of mourning we also failed to discover why it should be such a painful thing.[1]

[1] [See 'Mourning and Melancholia' (1917*e*), *Standard Ed.*, **14**, 244–5. Freud returns to this subject in Addendum C, p. 169 ff. below.]

VIII

The time has come to pause and consider. What we clearly want is to find something that will tell us what anxiety really is, some criterion that will enable us to distinguish true statements about it from false ones. But this is not easy to get. Anxiety is not so simple a matter. Up till now we have arrived at nothing but contradictory views about it, none of which can, to the unprejudiced eye, be given preference over the others. I therefore propose to adopt a different procedure. I propose to assemble, quite impartially, all the facts that we know about anxiety without expecting to arrive at a fresh synthesis.

Anxiety, then, is in the first place something that is felt. We call it an affective state, although we are also ignorant of what an affect is. As a feeling, anxiety has a very marked character of unpleasure. But that is not the whole of its quality. Not every unpleasure can be called anxiety, for there are other feelings, such as tension, pain or mourning, which have the character of unpleasure. Thus anxiety must have other distinctive features besides this quality of unpleasure. Can we succeed in understanding the differences between these various unpleasurable affects?

We can at any rate note one or two things about the feeling of anxiety. Its unpleasurable character seems to have a note of its own—something not very obvious, whose presence is difficult to prove yet which is in all likelihood there. But besides having this special feature which is difficult to isolate, we notice that anxiety is accompanied by fairly definite physical sensations which can be referred to particular organs of the body. As we are not concerned here with the physiology of anxiety, we shall content ourselves with mentioning a few representatives of these sensations. The clearest and most frequent ones are those connected with the respiratory organs and with the heart.[1] They provide evidence that motor innervations—that is, processes of discharge—play a part in the general phenomenon of anxiety.

Analysis of anxiety-states therefore reveals the existence of (1) a specific character of unpleasure, (2) acts of discharge and

[1] [Cf. paragraph 3 of Section I of Freud's first paper on anxiety neurosis (1895*b*).]

(3) perceptions of those acts. The two last points indicate at once a difference between states of anxiety and other similar states, like those of mourning and pain. The latter do not have any motor manifestation; or if they have, the manifestation is not an integral part of the whole state but is distinct from it as being a result of it or a reaction to it. Anxiety, then, is a special state of unpleasure with acts of discharge along particular paths. In accordance with our general views[1] we should be inclined to think that anxiety is based upon an increase of excitation which on the one hand produces the character of unpleasure and on the other finds relief through the acts of discharge already mentioned. But a purely physiological account of this sort will scarcely satisfy us. We are tempted to assume the presence of a historical factor which binds the sensations of anxiety and its innervations firmly together. We assume, in other words, that an anxiety-state is the reproduction of some experience which contained the necessary conditions for such an increase of excitation and a discharge along particular paths, and that from this circumstance the unpleasure of anxiety receives its specific character. In man, birth provides a prototypic experience of this kind, and we are therefore inclined to regard anxiety-states as a reproduction of the trauma of birth. [See above, p. 93 f.]

This does not imply that anxiety occupies an exceptional position among the affective states. In my opinion the other affects are also reproductions of very early, perhaps even pre-individual, experiences of vital importance; and I should be inclined to regard them as universal, typical and innate hysterical attacks, as compared to the recently and individually acquired attacks which occur in hysterical neuroses and whose origin and significance as mnemic symbols have been revealed by analysis. It would be very desirable, of course, to be able to demonstrate the truth of this view in a number of such affects —a thing which is still very far from being the case.[2]

[1] [As expressed, for instance, in the opening pages of *Beyond the Pleasure Principle* (1920g), *Standard Ed.*, 18, 7 ff.]

[2] [This notion is probably derived from Darwin's *Expression of the Emotions* (1872), which was quoted by Freud in a similar connection in *Studies on Hysteria* (1895d), *Standard Ed.*, 2, 181. See Editor's Introduction, p. 84.]

The view that anxiety goes back to the event of birth raises immediate objections which have to be met. It may be argued that anxiety is a reaction which, in all probability, is common to every organism, certainly every organism of a higher order, whereas birth is only experienced by the mammals; and it is doubtful whether in all of them, even, birth has the significance of a trauma. Therefore there can be anxiety without the prototype of birth. But this objection takes us beyond the barrier that divides psychology from biology. It may be that, precisely because anxiety has an indispensable biological function to fulfil as a reaction to a state of danger, it is differently contrived in different organisms. We do not know, besides, whether anxiety involves the same sensations and innervations in organisms far removed from man as it does in man himself. Thus there is no good argument here against the view that, in man, anxiety is modelled upon the process of birth.

If the structure and origin of anxiety are as described, the next question is: what is the function of anxiety and on what occasions is it reproduced? The answer seems to be obvious and convincing: anxiety arose originally as a reaction to a state of *danger* and it is reproduced whenever a state of that kind recurs.

This answer, however, raises further considerations. The innervations involved in the original state of anxiety probably had a meaning and purpose, in just the same way as the muscular movements which accompany a first hysterical attack. In order to understand a hysterical attack, all one has to do is to look for the situation in which the movements in question formed part of an appropriate and expedient action. Thus at birth it is probable that the innervation, in being directed to the respiratory organs, is preparing the way for the activity of the lungs, and, in accelerating the heartbeat, is helping to keep the blood free from toxic substances. Naturally, when the anxiety-state is reproduced later as an affect it will be lacking in any such expediency, just as are the repetitions of a hysterical attack. When the individual is placed in a new situation of danger it may well be quite inexpedient for him to respond with an anxiety-state (which is a reaction to an earlier danger) instead of initiating a reaction appropriate to the current danger. But his behaviour may become expedient once more

if the danger-situation is recognized as it approaches and is signalled by an outbreak of anxiety. In that case he can at once get rid of his anxiety by having recourse to more suitable measures. Thus we see that there are two ways in which anxiety can emerge: in an inexpedient way, when a new situation of danger has occurred, or in an expedient way in order to give a signal and prevent such a situation from occurring.

But what is a 'danger'? In the act of birth there is a real danger to life. We know what this means objectively, but in a psychological sense it says nothing at all to us. The danger of birth has as yet no psychical content. We cannot possibly suppose that the foetus has any sort of knowledge that there is a possibility of its life being destroyed. It can only be aware of some vast disturbance in the economy of its narcissistic libido. Large sums of excitation crowd in upon it, giving rise to new kinds of feelings of unpleasure, and some organs acquire an increased cathexis, thus foreshadowing the object-cathexis which will soon set in. What elements in all this will be made use of as the sign of a 'danger-situation'?

Unfortunately far too little is known about the mental make-up of a new-born baby to make a direct answer possible. I cannot even vouch for the validity of the description I have just given. It is easy to say that the baby will repeat its affect of anxiety in every situation which recalls the event of birth. The important thing to know is what recalls the event and what it is that is recalled.

All we can do is to examine the occasions on which infants in arms or somewhat older children show readiness to produce anxiety. In his book on the trauma of birth, Rank (1924) has made a determined attempt to establish a relationship between the earliest phobias of children and the impressions made on them by the event of birth. But I do not think he has been successful. His theory is open to two objections. In the first place, he assumes that the infant has received certain sensory impressions, in particular of a visual kind, at the time of birth, the renewal of which can recall to its memory the trauma of birth and thus evoke a reaction of anxiety. This assumption is quite unfounded and extremely improbable. It is not credible that a child should retain any but tactile and general sensations relating to the process of birth. If, later on, children show fear

of small animals that disappear into holes or emerge from them, this reaction, according to Rank, is due to their perceiving an analogy. But it is an analogy of which they cannot be aware. In the second place, in considering these later anxiety-situations Rank dwells, as suits him best, now on the child's recollection of its happy intra-uterine existence, now on its recollection of the traumatic disturbance which interrupted that existence – which leaves the door wide open for arbitrary interpretation. There are, moreover, certain examples of childhood anxiety which directly traverse his theory. When, for instance, a child is left alone in the dark one would expect it, according to his view, to welcome the re-establishment of the intra-uterine situation; yet it is precisely on such occasions that the child reacts with anxiety. And if this is explained by saying that the child is being reminded of the interruption which the event of birth made in its intra-uterine happiness, it becomes impossible to shut one's eyes any longer to the far-fetched character of such explanations.[1]

I am driven to the conclusion that the earliest phobias of infancy cannot be directly traced back to impressions of the act of birth and that so far they have not been explained. A certain preparedness for anxiety is undoubtedly present in the infant in arms. But this preparedness for anxiety, instead of being at its maximum immediately after birth and then slowly decreasing, does not emerge till later, as mental development proceeds, and lasts over a certain period of childhood. If these early phobias persist beyond that period one is inclined to suspect the presence of a neurotic disturbance, although it is not at all clear what their relation is to the undoubted neuroses that appear later on in childhood.

Only a few of the manifestations of anxiety in children are comprehensible to us, and we must confine our attention to them. They occur, for instance, when a child is alone, or in the dark,[2] or when it finds itself with an unknown person instead of one to whom it is used – such as its mother. These three instances can be reduced to a single condition – namely, that of missing someone who is loved and longed for. But here,

[1] [Rank's theory is further discussed below, p. 160 ff.]

[2] [Cf. a footnote to Section 5 of the third of Freud's *Three Essays* (1905*d*), *Standard Ed.*, 7, 224.]

I think, we have the key to an understanding of anxiety and to a reconciliation of the contradictions that seem to beset it.

The child's mnemic image of the person longed for is no doubt intensely cathected, probably in a hallucinatory way at first. But this has no effect, and now it seems as though the longing turns into anxiety. This anxiety has all the appearance of being an expression of the child's feeling at its wits' end, as though in its still very undeveloped state it did not know how better to cope with its cathexis of longing. Here anxiety appears as a reaction to the felt loss of the object; and we are at once reminded of the fact that castration anxiety, too, is a fear of being separated from a highly valued object, and that the earliest anxiety of all – the 'primal anxiety' of birth – is brought about on the occasion of a separation from the mother.

But a moment's reflection takes us beyond this question of loss of object. The reason why the infant in arms wants to perceive the presence of its mother is only because it already knows by experience that she satisfies all its needs without delay. The situation, then, which it regards as a 'danger' and against which it wants to be safeguarded is that of non-satisfaction, of a *growing tension due to need*, against which it is helpless. I think that if we adopt this view all the facts fall into place. The situation of non-satisfaction in which the amounts of stimulation rise to an unpleasurable height without its being possible for them to be mastered psychically or discharged must for the infant be analogous to the experience of being born – must be a repetition of the situation of danger. What both situations have in common is the economic disturbance caused by an accumulation of amounts of stimulation which require to be disposed of. It is this factor, then, which is the real essence of the 'danger'. In both cases the reaction of anxiety sets in. (This reaction is still an expedient one in the infant in arms, for the discharge, being directed into the respiratory and vocal muscular apparatus, now calls its mother to it, just as it activated the lungs of the new-born baby to get rid of the internal stimuli.) It is unnecessary to suppose that the child carries anything more with it from the time of its birth than this way of indicating the presence of danger.

When the infant has found out by experience that an external, perceptible object can put an end to the dangerous

situation which is reminiscent of birth, the content of the danger it fears is displaced from the economic situation on to the condition which determined that situation, viz., the loss of object. It is the absence of the mother that is now the danger; and as soon as that danger arises the infant gives the signal of anxiety, before the dreaded economic situation has set in. This change constitutes a first great step forward in the provision made by the infant for its self preservation, and at the same time represents a transition from the automatic and involuntary fresh appearance of anxiety to the intentional reproduction of anxiety as a signal of danger.

In these two aspects, as an automatic phenomenon and as a rescuing signal, anxiety is seen to be a product of the infant's mental helplessness which is a natural counterpart of its biological helplessness. The striking coincidence by which the anxiety of the new-born baby and the anxiety of the infant in arms are both conditioned by separation from the mother does not need to be explained on psychological lines. It can be accounted for simply enough biologically; for, just as the mother originally satisfied all the needs of the foetus through the apparatus of her own body, so now, after its birth, she continues to do so, though partly by other means. There is much more continuity between intra-uterine life and earliest infancy than the impressive caesura[1] of the act of birth would have us believe. What happens is that the child's biological situation as a foetus is replaced for it by a psychical object-relation to its mother. But we must not forget that during its intra-uterine life the mother was not an object for the foetus, and that at that time there were no objects at all. It is obvious that in this scheme of things there is no place for the abreaction of the birth-trauma. We cannot find that anxiety has any function other than that of being a signal for the avoidance of a danger-situation.

The significance of the loss of object as a determinant of anxiety extends considerably further. For the next transformation of anxiety, viz. the castration anxiety belonging to the phallic phase, is also a fear of separation and is thus attached

[1] ['*Caesur*' In the 1926 German edition only, this was misprinted '*Censur*' censorship.' The word 'caesura' is a term derived from classical prosody, and means a particular kind of break in a line of verse.]

to the same determinant. In this case the danger is of being separated from one's genitals. Ferenczi [1925] has traced, quite correctly, I think, a clear line of connection between this fear and the fears contained in the earlier situations of danger. The high degree of narcissistic value which the penis possesses can appeal to the fact that that organ is a guarantee to its owner that he can be once more united to his mother—i.e. to a substitute for her – in the act of copulation. Being deprived of it amounts to a renewed separation from her, and this in its turn means being helplessly exposed to an unpleasurable tension due to instinctual need, as was the case at birth. But the need whose increase is feared is now a specific one belonging to the genital libido and is no longer an indeterminate one, as it was in the period of infancy. It may be added that for a man who is impotent (that is, who is inhibited by the threat of castration) the substitute for copulation is a phantasy of returning into his mother's womb. Following Ferenczi's line of thought, we might say that the man in question, having tried to bring about his return into his mother's womb by using his genital organ to represent him, is now [in this phantasy] replacing that organ regressively by his whole person.[1]

The progress which the child makes in its development – its growing independence, the sharper division of its mental apparatus into several agencies, the advent of new needs – cannot fail to exert an influence upon the content of the danger-situation. We have already traced the change of that content from loss of the mother as an object to castration. The next change is caused by the power of the super-ego. With the depersonalization of the parental agency from which castration was feared, the danger becomes less defined. Castration anxiety develops into moral anxiety—social anxiety—and it is not so easy now to know what the anxiety is about. The formula, 'separation and expulsion from the horde', only applies to that later portion of the super-ego which has been formed on the basis of social prototypes, not to the nucleus of the super-ego, which corresponds to the introjected parental agency. Putting it more generally, what the ego regards as the danger and responds to with an anxiety-signal is that the super-ego should

[1] [Freud had already discussed this phantasy in the 'Wolf Man' analysis (1918*b*, *Standard Ed.*, 17, 100 *f.*).]

be angry with it or punish it or cease to love it. The final transformation which the fear of the super-ego undergoes is, it seems to me, the fear of death (or fear for life) which is a fear of the super-ego projected on to the powers of destiny.[1]

At one time I attached some importance to the view that what was used as a discharge of anxiety was the cathexis which had been withdrawn in the process of repression.[2] To-day this seems to me of scarcely any interest. The reason for this is that whereas I formerly believed that anxiety invariably arose automatically by an economic process, my present conception of anxiety as a signal given by the ego in order to affect the pleasure-unpleasure agency does away with the necessity of considering the economic factor. Of course there is nothing to be said against the idea that it is precisely the energy that has been liberated by being withdrawn through repression which is used by the ego to arouse the affect; but it is no longer of any importance which portion of energy is employed for this purpose. [Cf. Editor's Introduction, p. 80.]

This new view of things calls for an examination of another assertion of mine—namely, that the ego is the actual seat of anxiety.[3] I think this proposition still holds good. There is no reason to assign any manifestation of anxiety to the super-ego; while the expression 'anxiety of the id' would stand in need of correction, though rather as to its form than its substance. Anxiety is an affective state and as such can, of course, only be felt by the ego. The id cannot have anxiety as the ego can; for it is not an organization and cannot make a judgement about situations of danger. On the other hand it very often happens that processes take place or begin to take place in the id which cause the ego to produce anxiety. Indeed, it is probable that the earliest repressions as well as most of the later ones are motivated by an ego-anxiety of this sort in regard to particular processes in the id. Here again we are rightly distinguishing between two cases, the case in which something occurs in the id which activates one of the danger-situations for the ego and

[1] [Cf. above, p. 130.]

[2] [See, for instance, Section IV of Freud's metapsychological paper on 'The Unconscious' (1915e), *Standard Ed.*, 14, 182.]

[3] [This will be found a couple of pages before the end of *The Ego and the Id* (1923*b*).]

induces the latter to give the anxiety-signal for inhibition to take place, and the case in which a situation analogous to the trauma of birth is established in the id and an automatic reaction of anxiety ensues. The two cases may be brought closer together if it is pointed out that the second case corresponds to the earliest and original danger-situation, while the first case corresponds to any one of the later determinants of anxiety that have been derived from it; or, as applied to the disorders which we in fact come across, that the second case is operative in the aetiology of the 'actual' neuroses, while the first remains typical for that of the psychoneuroses.

We see, then, that it is not so much a question of taking back our earlier findings as of bringing them into line with more recent discoveries. It is still an undeniable fact that in sexual abstinence, in improper interference with the course of sexual excitation or if the latter is diverted from being worked over psychically,[1] anxiety arises directly out of libido; in other words, that the ego is reduced to a state of helplessness in the face of an excessive tension due to need, as it was in the situation of birth, and that anxiety is then generated. Here once more, though the matter is of little importance, it is very possible that what finds discharge in the generating of anxiety is precisely the surplus of unutilized libido.[2] As we know, a psychoneurosis is especially liable to develop on the basis of an 'actual' neurosis. Thus looks as though the ego were attempting to save itself from anxiety, which it has learned to keep in suspension for a while, and to bind it by the formation of symptoms. Analysis of the traumatic war neuroses—a term which, incidentally, covers a great variety of disorders—would probably have shown that a number of them possess some characteristics of the 'actual' neuroses. [Cf. above, p. 129.]

In describing the evolution of the various danger-situations from their prototype, the act of birth, I have had no intention of asserting that every later determinant of anxiety completely invalidates the preceding one. It is true that, as the development

[1] ['*Psychische Verarbeitung*', literally, 'psychical working-over'. The phrase will be found in Section III of Freud's first paper on anxiety neurosis (1895*f*), of which the whole of the present passage is an echo.]

[2] [Cf. the similar remark at the end of the last paragraph but one, but see also the Editor's Introduction, p. 80 above.]

of the ego goes on, the earlier danger-situations tend to lose their force and to be set aside, so that we might say that each period of the individual's life has its appropriate determinant of anxiety. Thus the danger of psychical helplessness is appropriate to the period of life when his ego is immature; the danger of loss of object, to early childhood when he is still dependent on others, the danger of castration, to the phallic phase; and the fear of his super-ego, to the latency period. Nevertheless, all these danger-situations and determinants of anxiety can persist side by side and cause the ego to react to them with anxiety at a period later than the appropriate one; or, again, several of them can come into operation at the same time. It is possible, moreover, that there is a fairly close relationship between the danger-situation that is operative and the form taken by the ensuing neurosis.[1]

[1] Since the differentiation of the ego and the id, our interest in the problems of repression, too, was bound to receive a fresh impetus. Up till then we had been content to confine our interest to those aspects of repression which concerned the ego—the keeping away from consciousness and from motility, and the formation of substitutes (symptoms). With regard to the repressed instinctual impulses themselves, we assumed that they remained unaltered in the unconscious for an indefinite length of time. But now our interest is turned to the vicissitudes of the repressed and we begin to suspect that it is not self-evident, perhaps not even usual, that those impulses should remain unaltered and unaltered in this way. There is no doubt that the original impulses have been inhibited and detached from their aim through repression. But has the portion of them in the unconscious maintained itself and been proof against the influences of life that tend to alter and depreciate them? In other words, do the old wishes, about whose former existence analysis tells us, still exist? The answer seems ready to hand and certain. It is that the old, repressed wishes must still be present in the unconscious since we still find their derivatives, the symptoms, in operation. But this answer is not sufficient. It does not enable us to decide between two possibilities: whether that the old wish is now operating only through its derivatives, having transferred the whole of its cathectic energy to them, or that it is itself still in existence too. If its fate has been to exhaust itself in cathecting its derivatives, there is yet a third possibility. In the course of the neurosis it may have become re-animated by regression, anachronistic though it may now be. These are not idle speculations. There are many things about mental life, both normal and pathological, which seem to call for the raising of such questions. In my paper, 'The Dissolution of the Oedipus Complex' (1924), I had occasion to notice the difference between the mere repression and the real removal of an old wishful impulse.

When, in an earlier part of this discussion, we found that the danger of castration was of importance in more than one neurotic illness, we put ourselves on guard against overestimating that factor, since it could not be a decisive one for the female sex, who are undoubtedly more subject to neuroses than men. [See p. 123.] We now see that there is no danger of our regarding castration anxiety as the sole motive force of the defensive processes which lead to neurosis. I have shown elsewhere[1] how little girls, in the course of their development, are led into making a tender object-cathexis by their castration complex. It is precisely in women that the danger-situation of loss of object seems to have remained the most effective. All we need to do is to make a slight modification in our description of their determinant of anxiety, in the sense that it is no longer a matter of feeling the want of, or actually losing the object itself, but of losing the object's love. Since there is no doubt that hysteria has a strong affinity with femininity, just as obsessional neurosis has with masculinity, it appears probable that, as a determinant of anxiety, loss of love plays much the same part in hysteria as the threat of castration does in phobias and fear of the super-ego in obsessional neurosis.

[1] [See the second half of the paper on the consequences of the anatomical distinction between the sexes (1925*j*).]

IX

What is now left for us is to consider the relationship between the formation of symptoms and the generating of anxiety.

There seem to be two very widely held opinions on this subject. One is that anxiety is itself a symptom of neurosis. The other is that there is a much more intimate relation between the two. According to the second opinion, symptoms are only formed in order to avoid anxiety, they bind the psychical energy which would otherwise be discharged as anxiety. Thus anxiety would be the fundamental phenomenon and main problem of neurosis.

That this latter opinion is at least in part true is shown by some striking examples. If an agoraphobic patient who has been accompanied into the street is left alone there, he will produce an anxiety attack. Or if an obsessional neurotic is prevented from washing his hands after having touched something, he will become a prey to almost unbearable anxiety. It is plain, then, that the purpose and the result of the imposed condition of being accompanied in the street and the obsessional act of washing the hands were to obviate outbreaks of anxiety of this kind. In this sense every inhibition which the ego imposes on itself can be called a symptom.

Since we have traced back the generating of anxiety to a situation of danger, we shall prefer to say that symptoms are created in order to remove the ego from a situation of danger. If the symptoms are prevented from being formed, the danger does in fact materialize; that is, a situation analogous to birth is established in which the ego is helpless in the face of a constantly increasing instinctual demand—the earliest and original determinant of anxiety. Thus in our view the relation between anxiety and symptom is less close than was supposed, for we have inserted the factor of the danger-situation between them. We can also add that the generating of anxiety sets symptom formation going and is, indeed, a necessary prerequisite of it. For if the ego did not arouse the pleasure-unpleasure agency by generating anxiety, it would not obtain the power to arrest the process which is preparing in the id and which threatens

[1] [I.e. between anxiety and neurosis.]

danger. There is in all this an evident inclination to limit to a minimum the amount of anxiety generated and to employ it only as a signal; for to do otherwise would only result in feeling in another place the unpleasure which the instinctual process was threatening to produce, and that would not be a success from the standpoint of the pleasure principle, although it is one that occurs often enough in the neuroses.

Symptom-formation, then, does in fact put an end to the danger-situation. It has two aspects: one, hidden from view, brings about the alteration in the id in virtue of which the ego is removed from danger; the other, presented openly, shows what has been created in place of the instinctual process that has been affected -namely, the substitutive formation.

It would, however, be more correct to ascribe to the *defensive process* what we have just said about symptom-formation and to use the latter term as synonomous with substitute-formation. It will then be clear that the defensive process is analogous to the flight by means of which the ego removes itself from a danger that threatens it from outside. The defensive process is an attempt at flight from an instinctual danger. An examination of the weak points in this comparison will make things clearer.

One objection to it is that loss of an object (or loss of love on the part of the object) and the threat of castration are just as much dangers coming from outside as, let us say, a ferocious animal would be, they are not instinctual dangers. Nevertheless, the two cases are not the same. A wolf would probably attack us irrespectively of our behaviour towards it; but the loved person would not cease to love us nor should we be threatened with castration if we did not entertain certain feelings and intentions within us. Thus such instinctual impulses are determinants of external dangers and so become dangerous in themselves; and we can now proceed against the external danger by taking measures against the internal ones. In phobias of animals the danger seems to be still felt entirely as an external one, just as it has undergone an external displacement in the symptom. In obsessional neuroses the danger is much more internalized. That portion of anxiety in regard to the super-ego which constitutes *social* anxiety still represents an internal substitute for an external danger, while the

other portion – *moral* anxiety – is already completely endopsychic.[1]

Another objection is that in an attempt at flight from an impending external danger all that the subject is doing is to increase the distance between himself and what is threatening him. He is not preparing to defend himself against it or attempting to alter anything about it, as would be the case if he attacked the wolf with a stick or shot at it with a gun. But the defensive process seems to do something more than would correspond to an attempt at flight. It joins issue with the threatening instinctual process and somehow suppresses it or deflects it from its aims and thus renders it innocuous. This objection seems unimpeachable and must be given due weight. I think it is probable that there are some defensive processes which can truly be likened to an attempt at flight, while in others the ego takes a much more active line of self-protection and initiates vigorous counter-measures. But perhaps the whole analogy between defence and flight is invalidated by the fact that both the ego and the instinct in the id are parts of the same organization, not separate entities like the wolf and the child, so that any kind of behaviour on the part of the ego will result in an alteration in the instinctual process as well.

This study of the determinants of anxiety has, as it were, shown the defensive behaviour of the ego transfigured in a rational light. Each situation of danger corresponds to a particular period of life or a particular developmental phase of the mental apparatus and appears to be justifiable for it. In early infancy the individual is really not equipped to master psychically the large sums of excitation that reach him whether from without or from within. Again, at a certain period of life his most important interest really is that the people he is dependent on should not withdraw their loving care of him. Later on in his boyhood, when he feels that his father is a powerful rival in regard to his mother and becomes aware of his own aggressive inclinations towards him and of his sexual intentions towards his mother, he really is justified in being

[1] [Much of the present discussion is a re-assessment of the arguments which Freud had used in his metapsychological papers on 'Repression' (1915*d*) and 'The Unconscious' (1915*e*). See, in particular, *Standard Ed.*, **14**, 153–5, and 161–4. – For 'moral anxiety' cf. footnote, p. 128.]

afraid of his father; and his fear of being punished by him can find expression through phylogenetic reinforcement in the fear of being castrated. Finally, as he enters into social relationships, it really is necessary for him to be afraid of his super-ego, to have a conscience; and the absence of that factor would give rise to severe conflicts, dangers and so on.

But this last point raises a fresh problem. Instead of the affect of anxiety let us take, for a moment, another affect—that of pain, for instance. It seems quite normal that at four years of age a girl should weep painfully if her doll is broken; or at six, if her governess reproves her; or at sixteen, if she is slighted by her young man, or at twenty-five, perhaps, if a child of her own dies. Each of these determinants of pain has its own time and each passes away when that time is over. Only the final and definitive determinants remain throughout life. We should think it strange if this same girl, after she had grown to be a wife and mother, were to cry over some worthless trinket that had been damaged. Yet that is how the neurotic behaves. Although all the agencies for mastering stimuli have long ago been developed within wide limits in his mental apparatus, and although he is sufficiently grown-up to satisfy most of his needs for himself and has long ago learnt that castration is no longer practised as a punishment, he nevertheless behaves as though the old danger-situations still existed, and keeps hold of all the earlier determinants of anxiety.

Why this should be so calls for a rather long reply. First of all, we must sift the facts. In a great number of cases the old determinants of anxiety do really lapse, after having produced neurotic reactions. The phobias of very young children, fears of being alone or in the dark or with strangers—phobias which can almost be called normal—usually pass off later on, the child 'grows out of them', as we say about some other disturbances of childhood. Animal phobias, which are of such frequent occurrence, undergo the same fate and many conversion hysterias of early years find no continuation in later life. Ceremonial actions appear extremely often in the latency period, but only a very small percentage of them develop later into a full obsessional neurosis. In general, so far as we can tell from our observations of town children belonging to the

white races and living according to fairly high cultural standards, the neuroses of childhood are in the nature of regular episodes in a child's development, although too little attention is still being paid to them. Signs of childhood neuroses can be detected in *all* adult neurotics without exception; but by no means all children who show those signs become neurotic in later life. It must be, therefore, that certain determinants of anxiety are relinquished and certain danger-situations lose their significance as the individual becomes more mature. Moreover, some of these danger-situations manage to survive into later times by modifying their determinants of anxiety so as to bring them up to date. Thus, for instance, a man may retain his fear of castration in the guise of a syphilidophobia, after he has come to know that it is no longer customary to castrate people for indulging their sexual lusts, but that, on the other hand, severe diseases may overtake anyone who thus gives way to his instincts. Other determinants of anxiety, such as fear of the super-ego, are destined not to disappear at all but to accompany people throughout their lives. In that case the neurotic will differ from the normal person in that his reactions to the dangers in question will be unduly strong. Finally, being grown-up affords no absolute protection against a return of the original traumatic anxiety-situation. Each individual has in all probability a limit beyond which his mental apparatus fails in its function of mastering the quantities of excitation which require to be disposed of.

These minor rectifications cannot in any way alter the fact which is here under discussion, that a great many people remain infantile in their behaviour in regard to danger and do not overcome determinants of anxiety which have grown out of date. To deny this would be to deny the existence of neurosis, for it is precisely such people whom we call neurotics. But how is this possible? Why are not all neuroses episodes in the development of the individual which come to a close when the next phase is reached? Whence comes the element of persistence in these reactions to danger? Why does the affect of anxiety alone seem to enjoy the advantage over all other affects of evoking reactions which are distinguished from the rest in being abnormal and which, through their inexpediency, run counter to the movement of life? In other words, we have

once more come unawares upon the riddle which has so often confronted us: whence does neurosis come—what is its ultimate, its own peculiar *raison d'être?* After tens of years of psychoanalytic labours, we are as much in the dark about this problem as we were at the start.

X

Anxiety is the reaction to danger. One cannot, after all, help suspecting that the reason why the affect of anxiety occupies a unique position in the economy of the mind has something to do with the essential nature of danger. Yet dangers are the common lot of humanity; they are the same for everyone. What we need and cannot lay our finger on is some factor which will explain why some people are able to subject the affect of anxiety, in spite of its peculiar quality, to the normal workings of the mind, or which decides who is doomed to come to grief over that task. Two attempts to find a factor of this kind have been made; and it is natural that such efforts should meet with a sympathetic reception, since they promise help to meet a tormenting need. The two attempts in question are mutually complementary; they approach the problem at opposite ends. The first was made by Alfred Adler more than ten years ago.[1] His contention, reduced to its essence, was that the people who came to grief over the task set them by danger were those who were too greatly impeded by some organic inferiority. If it were true that *simplex sigillum veri*,[2] we should welcome such a solution [*Lösung*] as a deliverance [*Erlösung*]. But on the contrary, our critical studies of the last ten years have effectively demonstrated the total inadequacy of such an explanation — an explanation, moreover, which sets aside the whole wealth of material that has been discovered by psycho-analysis.

The second attempt was made by Otto Rank in 1923 in his book, *The Trauma of Birth*. [See pp. 85 and 135 f.] It would be unjust to put his attempt on the same level as Adler's except in this single point which concerns us here, for it remains on psycho-analytic ground and pursues a psycho-analytic line of thought, so that it may be accepted as a legitimate endeavour to solve the problems of analysis. In this matter of the relation of the individual to danger Rank moves away from the question of organic defect in the individual and concentrates on the variable degree of intensity of the danger. The process of birth

[1] [See, for instance, Adler, 1907.]

[2] [I.e., simplicity is the seal of truth.]

is the first situation of danger, and the economic upheaval which it produces becomes the prototype of the reaction of anxiety. We have already [p. 136ff.] traced the line of development which connects this first danger-situation and determinant of anxiety with all the later ones, and we have seen that they all retain a common quality in so far as they signify in a certain sense a separation from the mother – at first only in a biological sense, next as a direct loss of object and later as a loss of object incurred indirectly. The discovery of this extensive concatenation is an undoubted merit of Rank's construction. Now the trauma of birth overtakes each individual with a different degree of intensity, and the violence of his anxiety-reaction varies with the strength of the trauma; and it is the initial amount of anxiety generated in him which, according to Rank, decides whether he will ever learn to control it – whether he will become neurotic or normal.

It is not our business to criticize Rank's hypothesis in detail here. We have only to consider whether it helps to solve our particular problem. His formula – that those people become neurotic in whom the trauma of birth was so strong that they have never been able completely to abreact it – is highly disputable from a theoretical point of view. We do not rightly know what is meant by abreacting the trauma. Taken literally, it implies that the more frequently and the more intensely a neurotic person reproduces the affect of anxiety the more closely will he approach to mental health – an untenable conclusion. It was because it did not tally with the facts that I gave up the theory of abreaction which had played such a large part in the cathartic method. To lay so much stress, too, on the variability in the strength of the birth trauma is to leave no room for the legitimate claims of hereditary constitution as an aetiological factor. For this variability is an organic factor which operates in an accidental fashion in relation to the constitution and is itself dependent on many influences which might be called accidental – as, for instance, on timely assistance in child birth. Rank's theory completely ignores constitutional factors as well as phylogenetic ones. If, however, we were to try to find a place for the constitutional factor by qualifying his statement with the proviso, let us say, that what is really important is the extent to which the

individual reacts to the variable intensity of the trauma of birth, we should be depriving his theory of its significance and should be relegating the new factor introduced by him to a position of minor importance: the factor which decided whether a neurosis should supervene or not would lie in a different, and once more in an unknown, field.

Moreover, the fact that while man shares the process of birth with the other mammals he alone has the privilege over them of possessing a special disposition to neurosis is hardly favourable to Rank's theory. But the main objection to it is that it floats in the air instead of being based upon ascertained observations. No body of evidence has been collected to show that difficult and protracted birth does in fact coincide with the development of a neurosis, or even that children so born exhibit the phenomena of early infantile apprehensiveness more strongly and over a longer period than other children. It might be rejoined that induced labour and births that are easy for the mother may possibly involve a severe trauma for the child. But we can still point out that births which lead to asphyxia would be bound to give clear evidence of the results which are supposed to follow. It should be one of the advantages of Rank's aetiological theory that it postulates a factor whose existence can be verified by observation. And so long as no such attempt at verification has been made it is impossible to assess the theory's value.

On the other hand I cannot identify myself with the view that Rank's theory contradicts the aetiological importance of the sexual instincts as hitherto recognized by psycho-analysis. For his theory only has reference to the individual's relation to the danger-situation, so that it leaves it perfectly open to us to assume that if a person has not been able to master his first dangers he is bound to come to grief as well in later situations involving sexual danger and thus be driven into a neurosis.

I do not believe, therefore, that Rank's attempt has solved the problem of the causation of neurosis, nor do I believe that we can say as yet how much it may nevertheless have *contributed* to such a solution. If an investigation into the effects of difficult birth on the disposition to neurosis should yield negative results, we shall rate the value of his contribution low. It is to be feared that our need to find a single, tangible

'ultimate cause' of neurotic illness will remain unsatisfied. The ideal solution, which medical men no doubt still yearn for, would be to discover some bacilli which could be isolated and bred in a pure culture and which, when injected into anyone, would invariably produce the same illness; or, to put it rather less extravagantly, to demonstrate the existence of certain chemical substances the administration of which would bring about or cure particular neuroses. But the probability of a solution of this kind seems slight.

Psycho-analysis leads to less simple and satisfactory conclusions. What I have to say in this connection has long been familiar and I have nothing new to add. If the ego succeeds in protecting itself from a dangerous instinctual impulse, through, for instance, the process of repression, it has certainly inhibited and damaged the particular part of the id concerned; but it has at the same time given it some independence and has renounced some of its own sovereignty. This is inevitable from the nature of repression, which is, fundamentally, an attempt at flight. The repressed is now, as it were, an outlaw; it is excluded from the great organization of the ego and is subject only to the laws which govern the realm of the unconscious. If, now, the danger-situation changes so that the ego has no reason for fending off a new instinctual impulse analogous to the repressed one, the consequence of the restriction of the ego which has taken place will become manifest. The new impulse will run its course under an automatic influence—or, as I should prefer to say, under the influence of the compulsion to repeat. It will follow the same path as the earlier, repressed impulse, as though the danger-situation that had been overcome still existed. The fixating factor in repression, then, is the unconscious id's compulsion to repeat—a compulsion which in normal circumstances is only done away with by the freely mobile function of the ego. The ego may occasionally manage to break down the barriers of repression which it has itself put up and to recover its influence over the instinctual impulse and direct the course of the new impulse in accordance with the changed danger-situation. But in point of fact the ego very seldom succeeds in doing this: it cannot undo its repressions. It is possible that the way the struggle will go depends upon quantitative relations. In some cases one has the

impression that the outcome is an enforced one, the regressive attraction exerted by the repressed impulse and the strength of the repression are so great that the new impulse has no choice but to obey the compulsion to repeat. In other cases we perceive a contribution from another play of forces: the attraction exerted by the repressed prototype is reinforced by a repulsion coming from the direction of difficulties in real life which stand in the way of any different course that might be taken by the new instinctual impulse.

That this is a correct account of fixation upon repression and of the retention of danger-situations that are no longer present-day ones is confirmed by the fact of analytic therapy—a fact which is modest enough in itself but which can hardly be overrated from a theoretical point of view. When, in analysis, we have given the ego assistance which is able to put it in a position to lift its repressions, it recovers its power over the repressed id and can allow the instinctual impulses to run their course as though the old situations of danger no longer existed. What we can do in this way tallies with what can be achieved in other fields of medicine; for as a rule our therapy must be content with bringing about more quickly, more reliably and with less expenditure of energy than would otherwise be the case the good result which in favourable circumstances would have occurred of itself.

We see from what has been said that *quantitative* relations—relations which are not directly observable but which can only be inferred—are what determine whether or not old situations of danger shall be preserved, repressions on the part of the ego maintained and childhood neuroses find a continuation. Among the factors that play a part in the causation of neuroses and that have created the conditions under which the forces of the mind are pitted against one another, three emerge into prominence: a biological, a phylogenetic and a purely psychological factor.

The biological factor is the long period of time during which the young of the human species is in a condition of helplessness and dependence. Its intra-uterine existence seems to be short in comparison with that of most animals, and it is sent into the world in a less finished state. As a result, the influence of the real external world upon it is intensified and an early differentia-

tion between the ego and the id is promoted. Moreover, the dangers of the external world have a greater importance for it, so that the value of the object which can alone protect it against them and take the place of its former intra-uterine life is enormously enhanced. The biological factor, then, establishes the earliest situations of danger and creates the need to be loved which will accompany the child through the rest of its life.

The existence of the second, phylogenetic, factor, is based only upon inference. We have been led to assume its existence by a remarkable feature in the development of the libido. We have found that the sexual life of man, unlike that of most of the animals nearly related to him, does not make a steady advance from birth to maturity, but that, after an early efflorescence up till the fifth year, it undergoes a very decided interruption; and that it then starts on its course once more at puberty, taking up again the beginnings broken off in early childhood. This has led us to suppose that something momentous must have occurred in the vicissitudes of the human species[1] which has left behind this interruption in the sexual development of the individual as a historical precipitate. This factor owes its pathogenic significance to the fact that the majority of the instinctual demands of this infantile sexuality are treated by the ego as dangers and fended off as such, so that the later sexual impulses of puberty, which in the natural course of things would be ego-syntonic, run the risk of succumbing to the attraction of their infantile prototypes and following them into repression. It is here that we come upon the most direct aetiology of the neuroses. It is a curious thing that early contact with the demands of sexuality should have a similar effect on the ego to that produced by premature contact with the external world.

The third, psychological, factor resides in a defect of our mental apparatus which has to do precisely with its differentiation into an id and an ego, and which is therefore also attributable ultimately to the influence of the external world. In view of the dangers of [external] reality, the ego is obliged to guard

[1] [In Chapter III of *The Ego and the Id* (1923*b*), Freud makes it clear that he has the geological glacial epoch in mind. The idea had been put forward earlier by Ferenczi (1913).]

against certain instinctual impulses in the id and to treat them as dangers. But it cannot protect itself from internal instinctual dangers as effectively as it can from some piece of reality that is not part of itself. Intimately bound up with the id as it is, it can only fend off an instinctual danger by restricting its own organization and by acquiescing in the formation of symptoms in exchange for having impaired the instinct. If the rejected instinct renews its attack, the ego is overtaken by all those difficulties which are known to us as neurotic ailments.

Further than this, I believe, our knowledge of the nature and causes of neurosis has not as yet been able to go.

XI

ADDENDA

In the course of this discussion various themes have had to be put aside before they had been fully dealt with. I have brought them together in this chapter so that they may receive the attention they deserve.

A

Modifications of Earlier Views

(*a*) *Resistance and Anticathexis*

An important element in the theory of repression is the view that repression is not an event that occurs once but that it requires a permanent expenditure [of energy]. If this expenditure were to cease, the repressed impulse, which is being fed all the time from its sources, would on the next occasion flow along the channels from which it had been forced away, and the repression would either fail in its purpose or would have to be repeated an indefinite number of times.[1] Thus it is because instincts are continuous in their nature that the ego has to make its defensive action secure by a permanent expenditure [of energy]. This action undertaken to protect repression is observable in analytic treatment as *resistance*. Resistance presupposes the existence of what I have called *anticathexis*. An anticathexis of this kind is clearly seen in obsessional neurosis. It appears there in the form of an alteration of the ego, as a reaction-formation in the ego, and is effected by the reinforcement of the attitude which is the opposite of the instinctual trend that has to be repressed—as, for instance, in pity, conscientiousness and cleanliness. These reaction-formations of obsessional neurosis are essentially exaggerations of the normal traits of character which develop during the latency period. The presence of an anticathexis in hysteria is much more difficult to detect, though theoretically it is equally indispensable. In hysteria, too, a certain amount of alteration of the ego through reaction-formation is

[1] [Cf. the paper on 'Repression' (1915*d*), *Standard Ed.*, **14**, 151.]

unmistakable and in some circumstances becomes so marked that it forces itself on our attention as the principal symptom. The conflict due to ambivalence, for instance, is resolved in hysteria by this means. The subject's hatred of a person whom he loves is kept down by an exaggerated amount of tenderness for him and apprehensiveness about him. But the difference between reaction-formations in obsessional neurosis and in hysteria is that in the latter they do not have the universality of a character-trait but are confined to particular relationships. A hysterical woman, for instance, may be specially affectionate with her own children whom at bottom she hates; but she will not on that account be more loving in general than other women or even more affectionate to other children. The reaction-formation of hysteria clings tenaciously to a particular object and never spreads over into a general disposition of the ego, whereas what is characteristic of obsessional neurosis is precisely a spreading-over of this kind – a loosening of relations to the object and a facilitation of displacement in the choice of object.

There is another kind of anticathexis, however, which seems more suited to the peculiar character of hysteria. A repressed instinctual impulse can be activated (newly cathected) from two directions: from within, through reinforcement from its internal sources of excitation, and from without, through the perception of an object that it desires. The hysterical anticathexis is mainly directed outwards, against dangerous perceptions. It takes the form of a special kind of vigilance which, by means of restrictions of the ego, causes situations to be avoided that would entail such perceptions, or, if they do occur, manages to withdraw the subject's attention from them. Some French analysts, in particular Laforgue [1926], have recently given this action of hysteria the special name of 'scotomization'.[1] This technique of anticathexis is still more noticeable in the phobias, whose interest is concentrated on removing the subject ever further from the possibility of the occurrence of the feared perception. The fact that anticathexis has an opposite direction in hysteria and the phobias from what it has in

[1] [Freud discussed this term at some length in his later paper on 'Fetishism' (1927*e*) in connection with the concept of disavowal (*Verleugnung*).]

obsessional neurosis—though the distinction is not an absolute one—seems to be significant. It suggests that there is an intimate connection between repression and external anticathexis on the one hand and between regression and internal anticathexis (i.e. alteration in the ego through reaction-formation) on the other. The task of defence against a dangerous perception is, incidentally, common to all neuroses. Various commands and prohibitions in obsessional neurosis have the same end in view.

We showed on an earlier occasion[1] that the resistance that has to be overcome in analysis proceeds from the ego, which clings to its anticathexes. It is hard for the ego to direct its attention to perceptions and ideas which it has up till now made a rule of avoiding, or to acknowledge as belonging to itself impulses that are the complete opposite of those which it knows as its own. Our fight against resistance in analysis is based upon this view of the facts. If the resistance is itself unconscious, as so often happens owing to its connection with the repressed material, we make it conscious. If it is conscious, or when it has become conscious, we bring forward logical arguments against it; we promise the ego rewards and advantages if it will give up its resistance. There can be no doubt or mistake about the existence of this resistance on the part of the ego. But we have to ask ourselves whether it covers the whole state of affairs in analysis. For we find that even after the ego has decided to relinquish its resistances it still has difficulty in undoing the repressions; and we have called the period of strenuous effort which follows after its praiseworthy decision, the phase of 'working-through'.[2] The dynamic factor which makes a working-through of this kind necessary and comprehensible is not far to seek. It must be that after the egos resistance has been removed the power of the compulsion to repeat—the attraction exerted by the unconscious prototype-upon the repressed instinctual process—has still to be overcome. There is nothing to be said against describing this

[1] [Towards the end of Chapter I of *The Ego and the Id* (1923*b*).]

[2] [See 'Remembering, Repeating and Working-Through' (1914*g*) *Standard Ed.*, **12**, 155-6. Freud returned to the subject in Section VI of his late technical paper 'Analysis Terminable and Interminable' (1937*c*).]

factor as the *resistance of the unconscious*. There is no need to be discouraged by these emendations. They are to be welcomed if they add something to our knowledge, and they are no disgrace to us so long as they enrich rather than invalidate our earlier views by limiting some statement, perhaps, that was too general or by enlarging some idea that was too narrowly formulated.

It must not be supposed that these emendations provide us with a complete survey of all the kinds of resistance that are met with in analysis. Further investigation of the subject shows that the analyst has to combat no less than five kinds of resistance, emanating from three directions – the ego, the id and the super-ego. The ego is the source of three of these, each differing in its dynamic nature. The first of these three ego-resistances is the *repression* resistance, which we have already discussed above [p. 157 ff.] and about which there is least new to be added. Next there is the *transference* resistance, which is of the same nature but which has different and much clearer effects in analysis, since it succeeds in establishing a relation to the analytic situation or the analyst himself and thus re-animating a repression which should only have been recollected.[1] The third resistance, though also an ego-resistance, is of quite a different nature. It proceeds from the *gain from illness* and is based upon an assimilation of the symptom into the ego. [See above, p. 99 f.] It represents an unwillingness to renounce any satisfaction or relief that has been obtained. The fourth variety, arising from the *id*, is the resistance which, as we have just seen, necessitates 'working-through'. The fifth, coming from the *super-ego* and the last to be discovered, is also the most obscure though not always the least powerful one. It seems to originate from the sense of guilt or the need for punishment; and it opposes every move towards success, including, therefore, the patient's own recovery through analysis.[2]

(b) Anxiety from Transformation of Libido

The view of anxiety which I have put forward in these

[1] [Cf. 'Remembering, Repeating and Working-Through' (1914g), *Standard Ed.*, **12**, 151 ff.]

[2] [This was discussed in the earlier part of Chapter V of *The Ego and the Id*.]

pages diverges somewhat from the one I have hitherto thought correct. Formerly I regarded anxiety as a general reaction of the ego under conditions of unpleasure. I always sought to justify its appearance on economic grounds[1] and I assumed, on the strength of my investigations into the 'actual' neuroses, that libido (sexual excitation) which was rejected or not utilized by the ego found direct discharge in the form of anxiety. It cannot be denied that these various assertions did not go very well together, or at any rate did not necessarily follow from one another. Moreover, they gave the impression of there being a specially intimate connection between anxiety and libido and this did not accord with the general character of anxiety as a reaction to unpleasure.

The objection to this view arose from our coming to regard the ego as the sole seat of anxiety. It was one of the results of the attempt at a structural division of the mental apparatus which I made in *The Ego and the Id*. Whereas the old view made it natural to suppose that anxiety arose from the libido belonging to the repressed instinctual impulses, the new one, on the contrary, made the ego the source of anxiety. Thus it is a question of instinctual (id-) anxiety or ego-anxiety. Since the energy which the ego employs is desexualized, the new view also tended to weaken the close connection between anxiety and libido. I hope I have at least succeeded in making the contradiction plain and in giving a clear idea of the point in doubt.

Rank's contention – which was originally my own[2] –, that the affect of anxiety is a consequence of the event of birth and a repetition of the situation then experienced, obliged me to review the problem of anxiety once more. But I could make no headway with his idea that birth is a trauma, states of anxiety a reaction of discharge to it and all subsequent affects of anxiety an attempt to 'abreact' it more and more completely. I was obliged to go back from the anxiety reaction to the *situation of danger* that lay behind it. The introduction of this element opened up new aspects of the question. Birth was seen to be the prototype of all later situations of danger which overtook

[1] ['*Ökonomisch*' This word appears only in the first (1926) edition. It was omitted, no doubt by accident, in all the later ones.]

[2] [See Editor's Introduction, p. 84 ff.]

the individual under the new conditions arising from a changed mode of life and a growing mental development. On the other hand its own significance was reduced to this prototypic relationship to danger. The anxiety felt at birth became the prototype of an affective state which had to undergo the same vicissitudes as the other affects. Either the state of anxiety reproduced itself *automatically* in situations analogous to the original situation and was thus an inexpedient form of reaction instead of an expedient one as it had been in the first situation of danger; or the ego acquired power over this affect, reproduced it on its own initiative, and employed it as a warning of danger and as a means of setting the pleasure-unpleasure mechanism in motion. We thus gave the biological aspect of the anxiety affect its due importance by recognizing anxiety as the general reaction to situations of danger; while we endorsed the part played by the ego as the seat of anxiety by allocating to it the function of producing the anxiety affect according to its needs. Thus we attributed two modes of origin to anxiety in later life. One was involuntary, automatic and always justified on economic grounds, and arose whenever a danger-situation analogous to birth had established itself. The other was produced by the ego as soon as a situation of this kind merely threatened to occur, in order to call for its avoidance. In the second case the ego subjects itself to anxiety as a sort of inoculation, submitting to a slight attack of the illness in order to escape its full strength. It vividly imagines the danger-situation, as it were, with the unmistakable purpose of restricting that distressing experience to a mere indication, a signal. We have already seen in detail [pp. 136–40] how the various situations of danger arise one after the other, retaining at the same time a genetic connection.

We shall perhaps be able to proceed a little further in our understanding of anxiety when we turn to the problem of the relation between neurotic anxiety and realistic anxiety [p. 164 ff.].

Our former hypothesis of a direct transformation of libido into anxiety possesses less interest for us now than it did. But if we do nevertheless consider it, we shall have to distinguish different cases. As regards anxiety evoked by the ego as a signal, it does not come into consideration; nor does it, therefore, in any of those danger-situations which move the ego to

bring on repression. The libidinal cathexis of the repressed instinctual impulse is employed otherwise than in being transformed into anxiety and discharged as such—as is most clearly seen in conversion hysteria. On the other hand, further enquiry into the question of the danger-situation will bring to our notice an instance of the production of anxiety which will, I think, have to be accounted for in a different way [p. 168].

(c) Repression and Defence

In the course of discussing the problem of anxiety I have revived a concept or, to put it more modestly, a term, of which I made exclusive use thirty years ago when I first began to study the subject but which I later abandoned. I refer to the term 'defensive process'.[1] I afterwards replaced it by the word 'repression', but the relation between the two remained uncertain. It will be an undoubted advantage, I think, to revert to the old concept of 'defence', provided we employ it explicitly as a general designation for all the techniques which the ego makes use of in conflicts which may lead to a neurosis, while we retain the word 'repression' for the special method of defence which the line of approach taken by our investigations made us better acquainted with in the first instance.

Even a purely terminological innovation ought to justify its adoption, it ought to reflect some new point of view or some extension of knowledge. The revival of the concept of defence and the restriction of that of repression takes into account a fact which has long since been known but which has received added importance owing to some new discoveries. Our first observations of repression and of the formation of symptoms were made in connection with hysteria. We found that the perceptual content of exciting experiences and the ideational content of pathogenic structures of thought were forgotten and debarred from being reproduced in memory, and we therefore concluded that the keeping away from consciousness was a main characteristic of hysterical repression. Later on, when we came to study the obsessional neuroses, we found that in that illness pathogenic occurrences are not forgotten. They remain conscious but they are 'isolated' in some way that we

[1] Cf. 'The Neuro-Psychoses of Defence' (1894*a*). [See Appendix A, p. 173 f.]

cannot as yet grasp, so that much the same result is obtained as in hysterical amnesia. Nevertheless the difference is great enough to justify the belief that the process by which instinctual demands are set aside in obsessional neurosis cannot be the same as in hysteria. Further investigations have shown that in obsessional neurosis a regression of the instinctual impulses to an earlier libidinal stage is brought about through the opposition of the ego, and that this regression, although it does not make repression unnecessary, clearly works in the same sense as repression. We have seen, too, that in obsessional neurosis anticathexis, which is also presumably present in hysteria, plays a specially large part in protecting the ego by effecting a reactive alteration in it. Our attention has, moreover, been drawn to a process of 'isolation' (whose technique cannot as yet be elucidated) which finds direct symptomatic manifestation, and to a procedure, that may be called magical, of 'undoing' what has been done – a procedure about whose defensive purpose there can be no doubt, but which has no longer any resemblance to the process of 'repression'. These observations provide good enough grounds for re-introducing the old concept of *defence*, which can cover all these processes that have the same purpose – namely, the protection of the ego against instinctual demands – and for subsuming repression under it as a special case. The importance of this nomenclature is heightened if we consider the possibility that further investigations may show that there is an intimate connection between special forms of defence and particular illnesses, as, for instance, between repression and hysteria. In addition we may look forward to the possible discovery of yet another important correlation. It may well be that before its sharp cleavage into an ego and an id, and before the formation of a super-ego, the mental apparatus makes use of different methods of defence from those which it employs after it has reached these stages of organization.

B

Supplementary Remarks on Anxiety

The affect of anxiety exhibits one or two features the study of which promises to throw further light on the subject. Anxiety

[*Angst*] has an unmistakable relation to *expectation*: it is anxiety *about*[1] something. It has a quality of *indefiniteness and lack of object*. In precise speech we use the word 'fear' [*Furcht*] rather than 'anxiety' [*Angst*] if it has found an object. Moreover, in addition to its relation to danger, anxiety has a relation to neurosis which we have long been trying to elucidate. The question arises: why are not all reactions of anxiety neurotic —why do we accept so many of them as normal? And finally the problem of the difference between realistic anxiety and neurotic anxiety awaits a thorough examination.

To begin with the last problem. The advance we have made is that we have gone behind reactions of anxiety to situations of danger. If we do the same thing with realistic anxiety we shall have no difficulty in solving the question. Real danger is a danger that is known, and realistic anxiety is anxiety about a known danger of this sort. Neurotic anxiety is anxiety about an unknown danger. Neurotic danger is thus a danger that has still to be discovered. Analysis has shown that it is an instinctual danger. By bringing this danger which is not known to the ego into consciousness, the analyst makes neurotic anxiety no different from realistic anxiety, so that it can be dealt with in the same way.

There are two reactions to real danger. One is an affective reaction, an outbreak of anxiety. The other is a protective action. The same will presumably be true of instinctual danger. We know how the two reactions can co-operate in an expedient way, the one giving the signal for the other to appear. But we also know that they can behave in an inexpedient way: paralysis from anxiety may set in, and the one reaction spread at the cost of the other.

In some cases the characteristics of realistic anxiety and neurotic anxiety are mingled. The danger is known and real

[1] [In German '*vor*', literally 'before'. See similar discussions at the beginning of Chapter II of *Beyond the Pleasure Principle* (1920*g*), *Standard Ed.*, **18**, 12 f., and in Lecture XXV of the *Introductory Lectures* (1916–17). It has not been possible in translation to render the German '*Angst*' invariably by 'anxiety'. In this volume, and throughout the *Standard Edition*, the word has sometimes been translated by 'fear' or by phrases including the word 'afraid', where English usage required it and confusion seemed unlikely. Some remarks on this will be found in the General Introduction in Volume I.]

but the anxiety in regard to it is over-great, greater than seems proper to us. It is this surplus of anxiety which betrays the presence of a neurotic element. Such cases, however, introduce no new principle, for analysis shows that to the known real danger an unknown instinctual one is attached.

We can find out still more about this if, not content with tracing anxiety back to danger, we go on to enquire what the essence and meaning of a danger-situation is. Clearly, it consists in the subject's estimation of his own strength compared to the magnitude of the danger and in his admission of helplessness in the face of it — physical helplessness if the danger is real and psychical helplessness if it is instinctual. In doing this he will be guided by the actual experiences he has had. (Whether he is wrong in his estimation or not is immaterial for the outcome.) Let us call a situation of helplessness of this kind that has been actually experienced a *traumatic situation*. We shall then have good grounds for distinguishing a traumatic situation from a danger-situation.

The individual will have made an important advance in his capacity for self-preservation if he can foresee and expect a traumatic situation of this kind which entails helplessness, instead of simply waiting for it to happen. Let us call a situation which contains the determinant for such an expectation a danger-situation. It is in this situation that the signal of anxiety is given. The signal announces: 'I am expecting a situation of helplessness to set in', or: 'The present situation reminds me of one of the traumatic experiences I have had before. Therefore I will anticipate the trauma and behave as though it had already come, while there is yet time to turn it aside.' Anxiety is therefore on the one hand an expectation of a trauma, and on the other a repetition of it in a mitigated form. Thus the two features of anxiety which we have noted have a different origin. Its connection with expectation belongs to the danger-situation, whereas its indefiniteness and lack of object belong to the traumatic situation of helplessness — the situation which is anticipated in the danger-situation.

Taking this sequence, anxiety danger — helplessness (trauma), we can now summarize what has been said. A danger-situation is a recognized, remembered, expected situation of helplessness. Anxiety is the original reaction to

helplessness in the trauma and is reproduced later on in the danger-situation as a signal for help. The ego, which experienced the trauma passively, now repeats it actively in a weakened version, in the hope of being able itself to direct its course. It is certain that children behave in this fashion towards every distressing impression they receive, by reproducing it in their play. In thus changing from passivity to activity they attempt to master their experiences psychically.[1] If this is what is meant by 'abreacting a trauma' we can no longer have anything to urge against the phrase. [See p. 151.] But what is of decisive importance is the first displacement of the anxiety-reaction from its origin in the situation of helplessness to an expectation of that situation—that is, to the danger-situation. After that come the later displacements, from the danger to the determinant of the danger—loss of the object and the modifications of that loss with which we are already acquainted.

The undesirable result of 'spoiling' a small child is to magnify the importance of the danger of losing the object (the object being a protection against every situation of helplessness) in comparison with every other danger. It therefore encourages the individual to remain in the state of childhood, the period of life which is characterized by motor and psychical helplessness.

So far we have had no occasion to regard realistic anxiety in any different light from neurotic anxiety. We know what the distinction is. A real danger is a danger which threatens a person from an external object, and a neurotic danger is one which threatens him from an instinctual demand. In so far as the instinctual demand is something real, his neurotic anxiety, too, can be admitted to have a realistic basis. We have seen that the reason why there seems to be a specially close connection between anxiety and neurosis is that the ego defends itself against an instinctual danger with the help of the anxiety reaction just as it does against an external real danger, but that this line of defensive activity eventuates in a neurosis owing to an imperfection of the mental apparatus. We have also come to the conclusion that an instinctual demand often only becomes an (internal) danger because its satisfaction

[1] [Cf. *Beyond the Pleasure Principle*, (1920g), *Standard Ed.*, **18**, 16–17.]

would bring on an external danger that is, because the internal danger represents an external one.

On the other hand, the external (real) danger must also have managed to become internalized if it is to be significant for the ego. It must have been recognized as related to some situation of helplessness that has been experienced.[1] Man seems not to have been endowed, or to have been endowed to only a very small degree, with an instinctive recognition of the dangers that threaten him from without. Small children are constantly doing things which endanger their lives, and that is precisely why they cannot afford to be without a protecting object. In relation to the traumatic situation, in which the subject is helpless, external and internal dangers, real dangers and instinctual demands converge. Whether the ego is suffering from a pain which will not stop or experiencing an accumulation of instinctual needs which cannot obtain satisfaction, the economic situation is the same, and the motor helplessness of the ego finds expression in psychical helplessness.

In this connection the puzzling phobias of early childhood deserve to be mentioned once again. [Cf. p. 136.] We have been able to explain some of them, such as the fear of being alone or in the dark or with strangers, as reactions to the danger of losing the object. Others, like the fear of small animals, thunderstorms, etc., might perhaps be accounted for as vestigial traces of the congenital preparedness to meet real dangers which is so strongly developed in other animals. In man, only that part of this archaic heritage is appropriate which has reference to the loss of the object. If childhood phobias become fixated and grow stronger and persist into later years, analysis shows that their content has become associated with instinctual demands and has come to stand for internal dangers as well.

[1] It may quite often happen that although a danger-situation is correctly estimated in itself, a certain amount of instinctual anxiety is added to the realistic anxiety. In that case the instinctual demand before whose satisfaction the ego recoils is a masochistic one: the instinct of destruction directed against the subject himself. Perhaps an addition of this kind explains cases in which reactions of anxiety are exaggerated, inexpedient or paralysing. Phobias of heights (windows, towers, precipices and so on) may have some such origin. Their hidden feminine significance is closely connected with masochism. [Cf. 'Dreams and Telepathy' (1922*a*), *Standard Ed.*, 18, 213.]

C

Anxiety, Pain and Mourning

So little is known about the psychology of emotional processes that the tentative remarks I am about to make on the subject may claim a very lenient judgement. The problem before us arises out of the conclusion we have reached that anxiety comes to be a reaction to the danger of a loss of an object. Now we already know one reaction to the loss of an object, and that is mourning. The question therefore is, when does that loss lead to anxiety and when to mourning? In discussing the subject of mourning on a previous occasion I found that there was one feature about it which remained quite unexplained. This was its peculiar painfulness. [Cf. p. 131.][1] And yet it seems self-evident that separation from an object should be painful. Thus the problem becomes more complicated: when does separation from an object produce anxiety, when does it produce mourning and when does it produce, it may be, only pain?

Let me say at once that there is no prospect in sight of answering these questions. We must content ourselves with drawing certain distinctions and adumbrating certain possibilities.

Our starting-point will again be the one situation which we believe we understand the situation of the infant when it is presented with a stranger instead of its mother. It will exhibit the anxiety which we have attributed to the danger of loss of object. But its anxiety is undoubtedly more complicated than this and merits a more thorough discussion. That it does have anxiety there can be no doubt; but the expression of its face and its reaction of crying indicate that it is feeling pain as well. Certain things seem to be joined together in it which will later on be separated out. It cannot as yet distinguish between temporary absence and permanent loss. As soon as it loses sight of its mother it behaves as if it were never going to see her again; and repeated consoling experiences to the contrary are necessary before it learns that her disappearance is usually followed by her re-appearance. Its mother encourages this piece of knowledge which is so vital to it by playing the familiar

[1] 'Mourning and Melancholia' (1917*e*) [*Standard Ed.*, **14**, 244–5].

game of hiding her face from it with her hands and then, to its joy, uncovering it again.[1] In these circumstances it can, as it were, feel longing unaccompanied by despair.

In consequence of the infant's misunderstanding of the facts, the situation of missing its mother is not a danger-situation but a traumatic one. Or, to put it more correctly, it is a traumatic situation if the infant happens at the time to be feeling a need which its mother should be the one to satisfy. It turns into a danger-situation if this need is not present at the moment. Thus, the first determinant of anxiety, which the ego itself introduces, is loss of perception of the object (which is equated with loss of the object itself). There is as yet no question of loss of love. Later on, experience teaches the child that the object can be present but angry with it; and then loss of love from the object becomes a new and much more enduring danger and determinant of anxiety.

The traumatic situation of missing the mother differs in one important respect from the traumatic situation of birth. At birth no object existed and so no object could be missed. Anxiety was the only reaction that occurred. Since then repeated situations of satisfaction have created an object out of the mother; and this object, whenever the infant feels a need, receives an intense cathexis which might be described as a 'longing' one. It is to this new aspect of things that the reaction of pain is referable. Pain is thus the actual reaction to loss of object, while anxiety is the reaction to the danger which that loss entails and, by a further displacement, a reaction to the danger of the loss of object itself.

We know very little about pain either. The only fact we are certain of is that pain occurs in the first instance and as a regular thing whenever a stimulus which impinges on the periphery breaks through the devices of the protective shield against stimuli and proceeds to act like a continuous instinctual stimulus, against which muscular action, which is as a rule effective because it withdraws the place that is being stimulated from the stimulus, is powerless.[2] If the pain proceeds not

[1] [Cf. the child's game described in Chapter II of *Beyond the Pleasure Principle*, *Standard Ed.*, 18, 14–16.]

[2] [See *Beyond the Pleasure Principle*, ibid., 30 1, and the 'Project' (Freud, 1950*a*), Part I, Section 6.]

from a part of the skin but from an internal organ, the situation is still the same. All that has happened is that a portion of the inner periphery has taken the place of the outer periphery. The child obviously has occasion to undergo experiences of pain of this sort, which are independent of its experiences of need. This determinant of the generating of pain seems, however, to have very little similarity with the loss of an object. And besides, the element which is essential to pain, peripheral stimulation, is entirely absent in the child's situation of longing. Yet it cannot be for nothing that the common usage of speech should have created the notion of internal, mental pain and have treated the feeling of loss of object as equivalent to physical pain.

When there is physical pain, a high degree of what may be termed narcissistic cathexis of the painful place occurs.[1] This cathexis continues to increase and tends, as it were, to empty the ego.[2] It is well known that when internal organs are giving us pain we receive spatial and other presentations of parts of the body which are ordinarily not represented at all in conscious ideation. Again, the remarkable fact that, when there is a psychical diversion brought about by some other interest, even the most intense physical pains fail to arise (I must not say 'remain unconscious' in this case) can be accounted for by there being a concentration of cathexis on the psychical representative of the part of the body which is giving pain. I think it is here that we shall find the point of analogy which has made it possible to carry sensations of pain over to the mental sphere. For the intense cathexis of longing which is concentrated on the missed or lost object (a cathexis which steadily mounts up because it cannot be appeased) creates the same economic conditions as are created by the cathexis of pain which is concentrated on the injured part of the body. Thus the fact of the peripheral causation of physical pain can be left out of account. The transition from physical pain to mental pain corresponds to a change from narcissistic cathexis to object-cathexis. An object-presentation which is highly cathected by

[1] [Cf. 'On Narcissism' (1914c), *Standard Ed.*, 14, 82.]

[2] [See *Beyond the Pleasure Principle*, loc. cit., and an obscure passage in Section VI of Draft G on melancholia in the Fliess correspondence, probably dating from the beginning of January, 1895 (Freud, 1950a).]

instinctual need plays the same role as a part of the body which is cathected by an increase of stimulus. The continuous nature of the cathectic process and the impossibility of inhibiting it produce the same state of mental helplessness. If the feeling of unpleasure which then arises has the specific character of pain (a character which cannot be more exactly described) instead of manifesting itself in the reactive form of anxiety, we may plausibly attribute this to a factor which we have not sufficiently made use of in our explanations—the high level of cathexis and 'binding' that prevails while these processes which lead to a feeling of unpleasure take place.[1]

We know of yet another emotional reaction to the loss of an object, and that is mourning. But we have no longer any difficulty in accounting for it. Mourning occurs under the influence of reality-testing; for the latter function demands categorically from the bereaved person that he should separate himself from the object, since it no longer exists.[2] Mourning is entrusted with the task of carrying out this retreat from the object in all those situations in which it was the recipient of a high degree of cathexis. That this separation should be painful fits in with what we have just said, in view of the high and unsatisfiable cathexis of longing which is concentrated on the object by the bereaved person during the reproduction of the situations in which he must undo the ties that bind him to it.

[1] [See *Beyond the Pleasure Principle*, loc. cit., and the 'Project' (Freud 1950*a*), Part I, Section 12.]

[2] ['Mourning and Melancholia' (1917*e*), *Standard Ed.*, **14**, 244–5.]

APPENDIX A

'REPRESSION' AND 'DEFENCE'

THE account which Freud gives on p. 163 of the history of his use of the two terms is perhaps a little misleading, and in any case deserves amplification. Both of them occurred very freely during the Breuer period. The first appearance of 'repression' (*Verdrängung*) was in the 'Preliminary Communication' (1893*a*, *Standard Ed.*, **2**, 10), and of 'defence' (*Abwehr*)[1] in the first paper on 'The Neuro-Psychoses of Defence' (1894*a*). In the *Studies on Hysteria* (1895*d*), 'repression' appeared about a dozen times and 'defence' somewhat more often than that. There seems to have been some discrimination, however, between the use of the terms: 'repression' seems to have described the actual process, and 'defence' the motive for it. Nevertheless, in the preface to the first edition of the *Studies* (*Standard Ed.*, **2**, xxix), the authors appear to have equated the two concepts, for they spoke of their view that 'sexuality seems to play a principal part . . . as a motive for "defence"—that is, for repressing ideas from consciousness'. And, even more explicitly, Freud, in the first paragraph of his second paper on 'The Neuro-Psychoses of Defence' (1896*b*) alluded to the 'psychical process of "defence" or "repression"'.

After the Breuer period—that is, from about 1897 onwards—there was a falling-off in the frequency of the use of 'defence'. It was not dropped entirely, however, and will be found several times, for instance, in Chapter VII of the first edition of *The Psychopathology of Everyday Life* (1901*b*), and in Section 7 of Chapter VII of the book on jokes (1905*c*). But 'repression' was already beginning to predominate, and was almost exclusively used in the 'Dora' case history (1905*e*) and the *Three Essays* (1905*d*). And soon after this, attention was explicitly drawn to the change, in a paper on sexuality in the neuroses (1906*a*), dated June, 1905. In the course of a survey of the historical development of his views, and in dealing with the immediate post-Breuer period, Freud had occasion to mention

[1] The corresponding verbal form used in the present edition is 'to fend off'.

the concept and wrote: '. . . "repression" (as I now began to say instead of "defence") . . .' (*Standard Ed.*, **7**, 276).

The slight inaccuracy which had begun to appear in this sentence became more marked in a parallel phrase in the 'History of the Psycho-Analytic Movement' (1914*d*), *Standard Ed.*, **14**, 11. Here Freud, once more writing of the end of the Breuer period, remarked: 'I looked upon psychical splitting itself as an effect of a process of repelling which at that time I called "defence", and later, "repression".'

After 1905 the predominance of 'repression' increased still more, till, for instance, in the 'Rat Man' analysis (1909*d*), we find (*Standard Ed.*, **10**, 196) Freud speaking of 'two kinds of repression', used respectively in hysteria and obsessional neurosis. This is a specially plain example where, on the revised scheme suggested in the present work, he would have spoken of 'two kinds of *defence*'.

But it was not long before the usefulness of 'defence' as a more inclusive term than 'repression' began unobtrusively to make its appearance—particularly in the metapsychological papers. Thus, the 'vicissitudes' of the instincts, only one of which is 'repression', were regarded as 'modes of *defence*' against them (*Standard Ed.*, **14**, 127, 132 and 147), and, again, 'projection' was spoken of as a 'mechanism' or 'means of defence' (ibid., 184 and 224). Not until ten years later, however, in the present work, was the expediency of distinguishing between the use of the two terms explicitly recognized.

APPENDIX B

LIST OF WRITINGS BY FREUD DEALING MAINLY OR LARGELY WITH ANXIETY

[*The topic of anxiety occurs in a very large number (perhaps in the majority) of Freud's writings. The following list may nevertheless be of some practical use. The date at the beginning of each entry is that of the year during which the work in question was probably written. The date at the end is that of publication, and under that date fuller particulars of the work will be found in the* Bibliography and Author Index. *The items in square brackets were published posthumously.*]

[1893	Draft B. 'The Aetiology of the Neuroses', Section II. (1950*a*)]
[1894	Draft E. 'How Anxiety Originates.' (1950*a*)]
[1894	Draft F. 'Collection III', No. 1. (1950*a*)]
[1895 (?)	Draft J. (1950*a*)]
1895	'Obsessions and Phobias', Section II. (1895*c*)
1895	'On the Grounds for Detaching a Particular Syndrome from Neurasthenia under the Description "Anxiety Neurosis".' (1895*b*)
1895	'A Reply to Criticisms of my Paper on Anxiety Neurosis.' (1895*f*)
1909	'Analysis of a Phobia in a Five-Year-Old Boy.' (1909*b*)
1910	'"Wild" Psycho-Analysis.' (1910*k*)
1914	'From the History of an Infantile Neurosis.' (1918*b*)
1917	*Introductory Lectures on Psycho-Analysis*, Lecture XXV. (1916–17)
1925	*Inhibitions, Symptoms and Anxiety.* (1926*d*)
1932	*New Introductory Lectures on Psycho-Analysis*, Lecture XXXII (First Part). (1933*a*)

THE QUESTION OF LAY ANALYSIS

Conversations with an Impartial Person
(1926)

EDITOR'S NOTE

DIE FRAGE DER LAIENANALYSE

Unterredungen mit einem Unparteiischen

(*a*) GERMAN EDITIONS:

1926 Leipzig, Vienna and Zurich: Internationaler Psychoanalytischer Verlag. Pp. 123.
1928 *G.S.*, **11**, 307–84.
1948 *G.W.*, **14**, 209–86.

1927 'Nachwort zur *Frage der Laienanalyse*', *Int. Z. Psychoanal.*, **13** (3), 326–32.
1928 *G.S.*, **11**, 385–94.
1948 *G.W.*, **14**, 287–96.

(*b*) ENGLISH TRANSLATIONS:

The Problem of Lay-Analyses

1927 In *The Problem of Lay-Analyses*, New York: Brentano. Pp. 25–186. (Tr. A. P. Maerker-Branden; Pref. S. Ferenczi.) Volume includes also *An Autobiographical Study* (see above, p. 4).

The Question of Lay-Analysis : an Introduction to Psycho-Analysis

1947 London: Imago Publishing Co. Pp. vi + 81. (Tr. N. Procter-Gregg; Pref. Ernest Jones.)
1950 New York: Norton. Pp. 125. (Re-issue of above.)

1927 'Concluding Remarks on the Question of Lay Analysis', *Int. J. Psycho-Anal.*, **8** (3), 392 8. (Tr. unspecified.)
1950 'Postscript to a Discussion on Lay Analysis', *C.P.*, **5**, 205–14. (Tr. James Strachey.)

An extract from the original German, under the title 'Psychoanalyse und Kurpfuscherei' ('Psycho-Analysis and Quackery'), was included in *Almanach 1927*, 47–59, published in September 1926 at about the same time as the volume itself. The present

translation of the main work (with a different sub-title) is an entirely new one by James Strachey; the translation of the 'Postscript' is a revised reprint of the one published in 1926.

In the late spring of 1926 proceedings were begun in Vienna against Theodor Reik, a prominent non-medical member of the Vienna Psycho-Analytical Society. He was charged, on information laid by someone whom he had been treating analytically, with a breach of an old Austrian law against quackery' a law which made it illegal for a person without a medical degree to treat patients. Freud at once intervened energetically. He argued the position privately with an official of high standing, and went on to compose the present pamphlet for immediate publication. He began writing it at the end of June; it was in print before the end of July, and was published in September. Partly, perhaps, as a result of his intervention, but partly because the evidence was unsatisfactory, the Public Prosecutor stopped the proceedings after a preliminary investigation.

The matter, however, did not rest there. The publication of Freud's booklet brought into the foreground the strong differences of opinion on the permissibility of non-medical psycho-analysis which existed within the psycho-analytic societies themselves. It was therefore considered advisable to ventilate the question, and a long series of reasoned statements (28 in all) by analysts from various countries were published in 1927 in the two official periodicals in German in the *Internationale Zeitschrift* (Parts 1, 2 and 3 of Volume XIII) and in English in the *International Journal* Parts 2 and 3 of Volume VIII). The series was brought to an end by Freud himself in a postscript (printed below on p. 251 ff.) in which he replied to the arguments of his opponents and restated his own case.

A very full account of Freud's views on the subject will be found in Chapter IX ('Lay Analysis') of the third volume of Ernest Jones's Freud biography (1957, 309 ff.). From early times he held strongly to the opinion that psycho-analysis was not to be regarded as purely a concern of the medical profession. His first published expression on the subject seems to have been in his preface contributed in 1913 to a book by

Pfister (Freud 1913*b*); and in a letter (quoted by Jones, ibid., 323), written at the very end of his life in 1938, he declared that 'I have never repudiated these views and I insist on them even more intensely then before'. But it was in the work that follows that he argued the matter most closely and fully.

Apart, however, from the discussion of the question of lay analysis Freud presented in the following pages what was perhaps his most successful non-technical account of the theory and practice of psycho-analysis, written in his liveliest and lightest style. The theoretical part in particular has the advantage over his earlier expository works of having been composed after the great clarification of his views on the structure of the mind in *The Ego and the Id* (1923*b*).

THE QUESTION OF LAY ANALYSIS

CONVERSATIONS WITH AN IMPARTIAL PERSON

Introduction

The title of this small work is not immediately intelligible. I will therefore explain it 'Layman' 'Non-doctor', and the question is whether non-doctors as well as doctors are to be allowed to practise analysis. This question has its limitations both in time and place. In *time*, because up to now no one has been concerned as to *who* practises analysis. Indeed, people have been much too little concerned about it—the one thing they were agreed on was a wish that *no one* should practise it. Various reasons were given for this, but they were based on the same underlying distaste. Thus the demand that only doctors should analyse corresponds to a new and apparently more friendly attitude to analysis—if, that is, it can escape the suspicion of being after all only a slightly modified derivative of the earlier attitude. It is conceded that in some circumstances an analytic treatment shall be undertaken; but, if so, only doctors are to undertake it. The reason for this restriction then becomes a matter for enquiry.

The question is limited in *place* because it does not arise in all countries with equal significance. In Germany and America it would be no more than an academic discussion, for in those countries every patient can have himself treated how and by whom he chooses, and anyone who chooses can, as a 'quack', handle any patients, provided only that he undertakes the responsibility for his actions.[1] The law does not intervene until it is called in to expiate some injury done to the patient. But in Austria, in which and for which I am writing, there is a preventive law, which forbids non-doctors from undertaking the treatment of patients, without waiting for its outcome.[2] So here the question whether laymen (= non-doctors) may treat patients by psycho-analysis has a practical sense. As soon as it is raised,

[1] [This is actually true only of *certain* of the United States. It is also true of Great Britain.]

[2] The same holds good in France.

however, it appears to be settled by the wording of the law. Neurotics are patients, laymen are non-doctors, psycho-analysis is a procedure for curing or improving nervous disorders, and all such treatments are reserved to doctors. It follows that laymen are not permitted to practise analysis on neurotics, and are punishable if they nevertheless do so. The position being so simple, one hardly ventures to take up the question of lay analysis. All the same, there are some complications, which the law does not trouble about, but which nevertheless call for consideration. It may perhaps turn out that in this instance the patients are not like other patients, that the laymen are not really laymen, and that the doctors have not exactly the qualities which one has a right to expect of doctors and on which their claims should be based. If this can be proved, there will be justifiable grounds for demanding that the law shall not be applied without modification to the instance before us.

I

Whether this happens will depend on people who are not obliged to be familiar with the peculiarities of an analytic treatment. It is our task to give information on the subject to these impartial persons, whom we shall assume to be, at the moment, still in ignorance. It is to be regretted that we cannot let them be present as an audience at a treatment of this kind. But the 'analytic situation' allows of the presence of no third person. Moreover the different sessions are of very unequal value. An unauthorized listener who hit upon a chance one of them would as a rule form no useful impression; he would be in danger of not understanding what was passing between the analyst and the patient, or he would be bored. For good or ill, therefore, he must be content with our information, which we shall try to make as trustworthy as possible.

A patient, then, may be suffering from fluctuations in his moods which he cannot control, or from a sense of despondency by which his energy feels paralysed because he thinks he is incapable of doing anything properly, or from a nervous embarrassment among strangers. He may perceive, without understanding the reason for it, that he has difficulties in carrying out his professional work, or indeed any comparatively important decision or any undertaking. He may one day have suffered from a distressing attack—unknown in its origin—of feelings of anxiety, and since then have been unable, without a struggle, to walk along the street alone, or to travel by train; he may perhaps have had to give up both entirely. Or, a very remarkable thing, his thoughts may go their own way and refuse to be directed by his will. They pursue problems that are quite indifferent to him, but from which he cannot get free. Quite ludicrous tasks, too, are imposed on him, such as counting up the windows on the fronts of houses. And when he has performed simple actions such as posting a letter or turning off a gas-jet, he finds himself a moment later doubting whether he has really done so. This may be no more than an annoyance and a nuisance. But his state becomes intolerable if he suddenly finds he is unable to fend off the idea that he has pushed a child under the wheels of a car or has thrown a

stranger off the bridge into the water, or if he has to ask himself whether he is not the murderer whom the police are looking for in connection with a crime that was discovered that day. It is obvious nonsense, as he himself knows, he has never done any harm to anyone, but if he were really the murderer who is being looked for, his feeling his sense of guilt could not be stronger.

Or again our patient and this time let us make her a woman may suffer in another way and in a different field. She is a pianist, but her fingers are overcome by cramp and refuse to serve her. Or when she thinks of going to a party she promptly becomes aware of a call of nature the satisfaction of which would be incompatible with a social gathering. She has therefore given up going to parties, dances, theatres or concerts. She is overcome by violent headaches or other painful sensations at times when they are most inconvenient. She may even be unable to keep down any meal she eats—which can become dangerous in the long run. And, finally, it is a lamentable fact that she cannot tolerate any agitations, which after all are inevitable in life. On such occasions she falls in a faint, often accompanied by muscular spasms that recall sinister pathological states.

Other patients, again, suffer from disturbances in a particular field in which emotional life converges with demands of a bodily sort. If they are men, they find they are incapable of giving physical expression to their tenderest feelings towards the opposite sex, while towards less loved objects they may perhaps have every reaction at their command. Or their sensual feelings attach them to people whom they despise and from whom they would like to get free; or those same feelings impose requirements on them whose fulfilment they themselves find repulsive. If they are women, they feel prevented by anxiety or disgust or by unknown obstructions from meeting the demands of sexual life, or, if they have surrendered to love, they find themselves cheated of the enjoyment which nature has provided as a reward for such compliance.

All these people recognize that they are ill and go to doctors, by whom people expect nervous disorders like these to be removed. The doctors, too, lay down the categories into which these complaints are divided. They diagnose them, each according to his own standpoint, under different names:

neurasthenia, psychasthenia, phobias, obsessional neurosis, hysteria. They examine the organs which produce the symptoms, the heart, the stomach, the bowels, the genitals, and find them healthy. They recommend interruptions in the patient's accustomed mode of life, holidays, strengthening exercises, tonics, and by these means bring about temporary improvements—or no result at all. Eventually the patients hear that there are people who are concerned quite specially with the treatment of such complaints and start an analysis with them.

During this disquisition on the symptoms of neurotics, the Impartial Person, whom I imagine as being present, has been showing signs of impatience. At this point, however, he becomes attentive and interested. 'So now', he says, 'we shall learn what the analyst does with the patient whom the doctor has not been able to help.'

Nothing takes place between them except that they talk to each other. The analyst makes use of no instruments—not even for examining the patient—nor does he prescribe any medicines. If it is at all possible, he even leaves the patient in his environment and in his usual mode of life during the treatment. This is not a necessary condition, of course, and may not always be practicable. The analyst agrees upon a fixed regular hour with the patient, gets him to talk, listens to him, talks to him in his turn and gets him to listen.

The Impartial Person's features now show signs of unmistakable relief and relaxation, but they also clearly betray some contempt. It is as though he were thinking: 'Nothing more than that? Words, words, words, as Prince Hamlet says.' And no doubt he is thinking too of Mephistopheles' mocking speech on how comfortably one can get along with words[1]—lines that no German will ever forget.

'So it is a kind of magic,' he comments: 'you talk, and blow away his ailments.'

Quite true. It *would* be magic if it worked rather quicker. An essential attribute of a magician is speed—one might say suddenness—of success. But analytic treatments take months and even years: magic that is so slow loses its miraculous character. And incidentally do not let us despise the *word*. After all it is a powerful instrument; it is the means by which

[1] [In the scene with the student in *Faust*, Part I, Scene 4.]

we convey our feelings to one another, our method of influencing other people. Words can do unspeakable good and cause terrible wounds. No doubt 'in the beginning was the deed'[1] and the word came later; in some circumstances it meant an advance in civilization when deeds were softened into words. But originally the word was magic—a magical act; and it has retained much of its ancient power.

The Impartial Person proceeds: 'Let us suppose that the patient is no better prepared to understand analytic treatment than I am; then how are you going to make him believe in the magic of the word or of the speech that is to free him from his sufferings?'

Some preparation must of course be given to him; and there is a simple way of doing it. We call on him to be completely straightforward with his analyst, to keep nothing back intentionally that comes into his head, and then to put aside *every* reservation that might prevent his reporting certain thoughts or memories. Everyone is aware that there are some things in himself that he would be very unwilling to tell other people or that he considers it altogether out of the question to tell. These are his 'intimacies'. He has a notion too—and this represents a great advance in psychological self-knowledge—that there are other things that one would not care to admit *to oneself*, things that one likes to conceal from oneself and which for that reason one breaks off short and drives out of one's thoughts if, in spite of everything, they turn up. Perhaps he may himself notice that a very remarkable psychological problem begins to appear in this situation—of a thought of his own being kept secret from his own self. It looks as though his own self were no longer the unity which he had always considered it to be, as though there were something else as well in him that could confront that self. He may become obscurely aware of a contrast between a self and a mental life in the wider sense. If now he accepts the demand made by analysis that he shall say everything, he will easily become accessible to an expectation that to have relations and exchanges of thought with someone under such unusual conditions might also lead to peculiar results.

[1] ['Im Anfang war die Tat.' Goethe, *Faust*, Part I, Scene 3.) Freud ended his *Totem and Taboo* (1912–13) with this same quotation.]

'I understand,' says our Impartial Person. 'You assume that every neurotic has something oppressing him, some secret. And by getting him to tell you about it you relieve his oppression and do him good. That, of course, is the principle of Confession, which the Catholic Church has used from time immemorial in order to make secure its dominance over people's minds.'

We must reply: 'Yes and no.' Confession no doubt plays a part in analysis—as an introduction to it, we might say. But it is very far from constituting the essence of analysis or from explaining its effects. In Confession the sinner tells what he knows; in analysis the neurotic has to tell more. Nor have we heard that Confession has ever developed enough power to get rid of actual pathological symptoms.

'Then, after all, I do not understand,' comes the rejoinder. 'What can you possibly mean by "telling more than he knows"? But I can well believe that as an analyst you gain a stronger influence over your patients than a Father Confessor over his penitents, since your contacts with him are so much longer, more intensive and also more individual, and since you use this increased influence to divert him from his sick thoughts, to talk him out of his fears, and so on. It would certainly be strange if it were possible by such means to control purely physical phenomena as well, such as vomiting, diarrhoea, convulsions; but I know that influence like that is in fact quite possible if a person is put into a state of hypnosis. By the trouble you take with the patient you probably succeed in bringing about a hypnotic relation of that sort with him—a suggestive attachment to yourself—even though you may not intend to, and in that case the miraculous results of your treatment are the effect of hypnotic suggestion. But, so far as I know, hypnotic treatment works much faster than your analysis, which, as you tell me, lasts for months and years.'

Our Impartial Person cannot be rather so ignorant or so perplexed as we thought to begin with. There are unmistakable signs that he is trying to understand psycho-analysis with the help of his previous knowledge, that he is trying to link it up with something he already knows. The difficult task now lies ahead of us of making it clear to him that he will not succeed in this: that analysis is a procedure *sui generis*,

something novel and special, which can only be understood with the help of *new* insights or hypotheses, if that sounds better. But he is still waiting for our answer to his last remarks.

What you say about the special personal influence of the analyst certainly deserves great attention. An influence of the kind exists and plays a large part in analysis—but not the same part as in hypnotism. It ought to be possible to convince you that the situations in the two cases are quite different. It may be enough to point out that we do not use this personal influence, the factor of 'suggestion', to suppress the symptoms of the illness, as happens with *hypnotic* suggestion. Further, it would be a mistake to believe that this factor is the vehicle and promoter of the treatment throughout its length. At its beginning, no doubt. But later on it opposes our analytic intentions and forces us to adopt the most far-reaching countermeasures. And I should like to show by an example how far diverting a patient's thoughts and talking him out of things are from the technique of analysis. If a patient of ours is suffering from a sense of guilt, as though he had committed a serious crime, we do not recommend him to disregard his qualms of conscience and do not emphasize his undoubted innocence; he himself has often tried to do so without success. What we do is to remind him that such a strong and persistent feeling must after all be based on something real, which it may perhaps be possible to discover.

'It would surprise me', comments the Impartial Person, 'if you were able to soothe your patients by agreeing with their sense of guilt in that way. But what *are* your analytic intentions? and what *do* you do with your patients?'

II

If I am to say anything intelligible to you, I shall no doubt have to tell you something of a psychological theory which is not known or not appreciated outside analytic circles. It will be easy to deduce from this theory what we want from our patients and how we obtain it. I shall expound it to you dogmatically, as though it were a complete theoretical structure. But do not suppose that it came into being as such a structure, like a philosophical system. We have developed it very slowly, we have wrestled over every small detail of it, we have unceasingly modified it, keeping a continuous contact with observation, till it has finally taken a shape in which it seems to suffice for our purposes. Only a few years ago I should have had to clothe this theory in other terms. Nor, of course, can I guarantee to you that the form in which it is expressed to-day will remain the final one. Science, as you know, is not a revelation; long after its beginnings it still lacks the attributes of definiteness, immutability and infallibility for which human thought so deeply longs. But such as it is, it is all that we can have. If you will further bear in mind that our science is very young, scarcely as old as the century, and that it is concerned with what is perhaps the most difficult material that can be the subject of human research, you will easily be able to adopt the correct attitude towards my exposition. But interrupt me whenever you feel inclined, if you cannot follow me or if you want further explanations.

'I will interrupt you before you have even begun. You say that you intend to expound a new psychology to me; but I should have thought that psychology was no new science. There have been psychologies and psychologists enough; and I heard of great achievements in that field while I was at college.'

I should not dream of disputing them. But if you look into the matter more closely you will have to class these great achievements as belonging rather to the physiology of the sense organs. The theory of mental life could not be developed, because it was inhibited by a single essential misunderstanding. What does it comprise to-day, as it is taught at college?

Apart from those valuable discoveries in the physiology of the senses, a number of classifications and definitions of our mental processes which, thanks to linguistic usage, have become the common property of every educated person. That is clearly not enough to give a view of our mental life. Have you not noticed that every philosopher, every imaginative writer, every historian and every biographer makes up his own psychology for himself, brings forward his own particular hypotheses concerning the interconnections and aims of mental acts—all more or less plausible and all equally untrustworthy? There is an evident lack of any common foundation. And it is for that reason too that in the field of psychology there is, so to speak, no respect and no authority. In that field everyone can 'run wild' as he chooses. If you raise a question in physics or chemistry, anyone who knows he possesses no 'technical knowledge' will hold his tongue. But if you venture upon a psychological assertion, you must be prepared to meet judgements and contradictions from every quarter. In this field, apparently, there is no 'technical knowledge'. Everyone has a mental life, so everyone regards himself as a psychologist. But that strikes me as an inadequate legal title. The story is told of how someone who applied for a post as a children's nurse was asked if she knew how to look after babies. 'Of course,' she replied, 'why, after all, I was a baby once myself.'

'And you claim that you have discovered this "common foundation" of mental life, which has been overlooked by every psychologist, from observations on *sick people*?'

The source of our findings does not seem to me to deprive them of their value. Embryology, to take an example, would not deserve to be trusted if it could not give a plain explanation of the origin of innate malformations. I have told you of people whose thoughts go their own way, so that they are obliged to worry over problems to which they are perfectly indifferent. Do you think that academic psychology could ever make the smallest contribution towards explaining an abnormality such as that? And, after all, we all of us have the experience at night-time of our thoughts going their own way and creating things which we do not understand, which puzzle us, and which are suspiciously reminiscent of pathological products. Our dreams, I mean. The common people have always firmly

believed that dreams have a sense and a value—that they mean something. Academic psychology has never been able to inform us what this meaning is. It could make nothing of dreams. If it attempted to produce explanations, they were non-psychological such as tracing them to sensory stimuli, or to an unequal depth of sleep in different portions of the brain, and so on. But it is fair to say that a psychology which cannot explain dreams is also useless for an understanding of normal mental life, that it has no claim to be called a science.

'You are becoming aggressive; so you have evidently got on to a sensitive spot. I have heard, it is true, that in analysis great value is attached to dreams, that they are interpreted, and that memories of real events are looked for behind them, and so on. But I have heard as well that the interpretation of dreams is left to the caprice of analysts, and that they themselves have never ceased disputing over the way of interpreting dreams and the justification for drawing conclusions from them. If that is so, you ought not to underline so heavily the advantage that analysis has won over academic psychology.'

There is really a great deal of truth in what you say. It is true that the interpretation of dreams has come to have unequalled importance both for the theory and the practice of analysis. If I seem to be aggressive, that is only a way of defending myself. And when I think of all the mischief some analysts have done with the interpretation of dreams I might lose heart and echo the pessimistic pronouncement of our great satirist Nestroy[1] when he says that every step forward is only half as big as it looks at first. But have you ever found that men do anything but confuse and distort what they get hold of? By the help of a little foresight and self-discipline most of the dangers of dream-interpretation can be avoided with certainty. But you will agree that I shall never come to my exposition if we let ourselves be led aside like this.

'Yes. If I understood rightly, you wanted to tell me about the fundamental postulate of the new psychology.'

That was not what I wanted to begin with. My purpose is to let you hear what pictures we have formed of the structure

[1] [Johann Nestroy (1801–62), famous in Vienna as a writer of comedies and farces.]

of the mental apparatus in the course of our analytic studies.

'What do you mean by the "mental apparatus"? and what, may I ask, is it constructed of?'

It will soon be clear what the mental apparatus is; but I must beg you not to ask what material it is constructed of. That is not a subject of psychological interest. Psychology can be as indifferent to it as, for instance, optics can be to the question of whether the walls of a telescope are made of metal or cardboard. We shall leave entirely on one side the *material* line of approach,[1] but not so the *spatial* one. For we picture the unknown apparatus which serves the activities of the mind as being really like an instrument constructed of several parts (which we speak of as 'agencies', each of which performs a particular function and which have a fixed spatial relation to one another: it being understood that by spatial relation—'in front of' and 'behind', 'superficial' and 'deep'—we merely mean in the first instance a representation of the regular succession of the functions. Have I made myself clear?

'Scarcely. Perhaps I shall understand it later. But, in any case, here is a strange anatomy of the soul—a thing which, after all, no longer exists at all for the scientists.'

What do you expect? It is a hypothesis like so many others in the sciences: the very earliest ones have always been rather rough. 'Open to revision'[2] we can say in such cases. It seems to me unnecessary for me to appeal here to the 'as if' which has become so popular. The value of a 'fiction' of this kind (as the philosopher Vaihinger[3] would call it), depends on how much one can achieve with its help.

But to proceed. Putting ourselves on the footing of everyday knowledge, we recognize in human beings a mental organiz-

[1] [The question of what *material* the mental apparatus is constructed of.]

[2] [In English in the original.]

[3] [Hans Vaihinger (1852–1933). His philosophical system was enunciated in *Die Philosophie des Als Ob* (1911). An English translation by C. K. Ogden appeared in 1924 under the title *The Philosophy of 'As if'*. The work had a considerable vogue in German-speaking countries, especially after the first World War. It was discussed by Freud at some length at the end of Chapter V of *The Future of an Illusion* (1927*c*).]

ation which is interpolated between their sensory stimuli and the perception of their somatic needs on the one hand and their motor acts on the other, and which mediates between them for a particular purpose. We call this organization their '*Ich*' ['ego'; literally, 'I']. Now there is nothing new in this. Each one of us makes this assumption without being a philosopher, and some people even in spite of being philosophers. But this does not, in our opinion, exhaust the description of the mental apparatus. Besides this 'I', we recognize another mental region, more extensive, more imposing and more obscure than the 'I', and this we call the '*Es*' ['id'; literally, 'it']. The relation between the two must be our immediate concern.

You will probably protest at our having chosen simple pronouns to describe our two agencies or provinces instead of giving them orotund Greek names. In psycho-analysis, however, we like to keep in contact with the popular mode of thinking and prefer to make its concepts scientifically serviceable rather than to reject them. There is no merit in this; we are obliged to take this line; for our theories must be understood by our patients, who are often very intelligent, but not always learned. The impersonal 'it' is immediately connected with certain forms of expression used by normal people. 'It shot through me,' people say; 'there was something in me at that moment that was stronger than me.' '*C'était plus fort que moi.*'

In psychology we can only describe things by the help of analogies. There is nothing peculiar in this; it is the case elsewhere as well. But we have constantly to keep changing these analogies, for none of them lasts us long enough. Accordingly, in trying to make the relation between the ego and the id clear, I must ask you to picture the ego as a kind of façade of the id, as a frontage, like an external, cortical, layer of it. We can hold on to this last analogy. We know that cortical layers owe their peculiar characteristics to the modifying influence of the external medium on which they abut. Thus we suppose that the ego is the layer of the mental apparatus (of the id) which has been modified by the influence of the external world (of reality). This will show you how in psycho-analysis we take spatial ways of looking at things seriously.

For us the ego is really something superficial and the id something deeper - looked at from outside, of course. The ego lies between reality and the id, which is what is truly mental.

'I will not ask any questions yet as to how all this can be known. But tell me first what you gain from this distinction between an ego and an id? What leads you to make it?'

Your question shows me the right way to proceed. For the important and valuable thing is to know that the ego and the id differ greatly from each other in several respects. The rules governing the course of mental acts are different in the ego and the id, the ego pursues different purposes and by other methods. A great deal could be said about this, but perhaps you will be content with a fresh analogy and an example. Think of the difference between 'the front' and 'behind the lines', as things were during the war. We were not surprised then that some things were different at the front from what they were behind the lines, and that many things were permitted behind the lines which had to be forbidden at the front. The determining influence was, of course, the proximity of the enemy; in the case of mental life it is the proximity of the external world. There was a time when 'outside', 'strange' and 'hostile' were identical concepts. And now we come to the example. In the id there are no conflicts; contradictions and antitheses persist side by side in it unconcernedly, and are often adjusted by the formation of compromises. In similar circumstances the ego feels a conflict which must be decided; and the decision lies in one urge being abandoned in favour of the other. The ego is an organization characterized by a very remarkable trend towards unification, towards synthesis. This characteristic is lacking in the id, it is, as we might say, 'all to pieces'; its different urges pursue their own purposes independently and regardless of one another.

'And if such an important mental region "behind the lines" exists, how can you explain its having been overlooked till the time of analysis?'

That brings us back to one of your earlier questions [p. 191]. Psychology had barred its own access to the region of the id by insisting on a postulate which is plausible enough but untenable: namely, that all mental acts are conscious to us—

that being conscious[1] is the criterion of what is mental, and that, if there are processes in our brain which are not conscious, they do not deserve to be called mental acts and are no concern of psychology.

'But I should have thought that was obvious.'

Yes, and that is what psychologists think. Nevertheless it can easily be shown to be false—that is, to be a quite inexpedient distinction. The idlest self-observation shows that ideas may occur to us which cannot have come about without preparation. But you experience nothing of these preliminaries of your thought, though they too must certainly have been of a mental nature; all that enters your consciousness is the ready-made result. Occasionally you can make these preparatory thought-structures conscious *in retrospect*, as though in a reconstruction.

'Probably one's attention was distracted, so that one failed to notice the preparations.'

Evasions! You cannot in that way get around the fact that acts of a mental nature, and often very complicated ones, can take place in you, of which your consciousness learns nothing and of which you know nothing. Or are you prepared to suppose that a greater or smaller amount of your 'attention' is enough to transform a non-mental act into a mental one? But what is the use of disputing? There are hypnotic experiments in which the existence of such non-conscious thoughts are irrefutably demonstrated to anyone who cares to learn.

'I shall not retract; but I believe I understand you at last. What you call "ego" is consciousness, and your "id" is the so-called subconscious that people talk about so much nowadays. But why the masquerading with the new names?'

[1] [Here written '*Bewusst-sein*' (literally 'being conscious'). This word (the ordinary word for 'consciousness') is of course normally written without a hyphen. The hyphen is inserted here to show that Freud is emphasizing the underlying passive sense of the word '*bewusst*'. Cf. the Editor's Note to Freud's paper on 'The Unconscious' (1915*e*), *Standard Ed.*, **14**, 161 *n*. The word is divided up in a similar way and for the same purpose near the beginning of Chapter I of *The Ego and the Id* (1923*b*), but there it is printed in two separate words unconnected by a hyphen. Here the hyphen only appears in the original (1926) edition, it has been mistakenly omitted in the later German editions and the two parts of the word run together.]

It is not masquerading. The other names are of no use. And do not try to give me Literature instead of science. If someone talks of subconsciousness, I cannot tell whether he means the term topographically—to indicate something lying in the mind beneath consciousness or qualitatively—to indicate another consciousness, a subterranean one, as it were. He is probably not clear about any of it. The only trustworthy antithesis is between conscious and unconscious. But it would be a serious mistake to think that this antithesis coincides with the distinction between ego and id. Of course it would be delightful if it were as simple as that, our theory would have a smooth passage. But things are not so simple. All that is true is that everything that happens in the id is and remains unconscious, and that processes in the ego, and they alone, *can* become conscious. But not all of them are, nor always, nor necessarily; and large portions of the ego can remain permanently unconscious.

The becoming conscious of a mental process is a complicated affair. I cannot resist telling you—once again, dogmatically—our hypotheses about it. The ego, as you will remember, is the external, peripheral layer of the id. Now, we believe that on the outermost surface of this ego there is a special agency directed immediately to the external world, a system, an organ, through the excitation of which alone the phenomenon that we call consciousness comes about. This organ can be equally well excited from outside—thus receiving (with the help of the sense-organs) the stimuli from the external world—and from inside—thus becoming aware, first, of the sensations in the id, and then also of the processes in the ego.

'This is getting worse and worse and I can understand it less and less. After all, what you invited me to was a discussion of the question whether laymen (= non-doctors) ought to undertake analytic treatments. What is the point, then, of all these disquisitions on daring and obscure theories which you cannot convince me are justified?'

I know I cannot convince you. That is beyond any possibility and for that reason beyond my purpose. When we give our pupils theoretical instruction in psycho-analysis, we can see how little impression we are making on them to begin with. They take in the theories of analysis as coolly as other

abstractions with which they are nourished. A few of them may perhaps *wish* to be convinced, but there is not a trace of their being so. But we also require that everyone who wants to practise analysis on other people shall first himself submit to an analysis. It is only in the course of this 'self-analysis' (as it is misleadingly termed),[1] when they actually experience as affecting their own person or rather, their own mind the processes asserted by analysis, that they acquire the convictions by which they are later guided as analysts. How then could I expect to convince you, the Impartial Person, of the correctness of our theories, when I can only put before you an abbreviated and therefore unintelligible account of them, without confirming them from your own experiences?

I am acting with a different purpose. The question at issue between us is not in the least whether analysis is sensible or nonsensical, whether it is right in its hypotheses or has fallen into gross errors. I am unrolling our theories before you since that is the best way of making clear to you what the range of ideas is that analysis embraces, on the basis of what hypotheses it approaches a patient and what it does with him. In this way a quite definite light will be thrown on the question of lay analysis. And do not be alarmed. If you have followed me so far you have got over the worst. Everything that follows will be easier for you.—But now, with your leave, I will pause to take breath.

[1] [This is now usually described as a 'training analysis'. 'Self-analysis', in the literal sense, is mentioned below, on p. 280 (Freud, 1926*e*).]

III

'I EXPECT you will want to tell me how, on the basis of the theories of psycho-analysis, the origin of a neurotic illness can be pictured.'

I will try to. But for that purpose we must study our ego and our id from a fresh angle, from the *dynamic* one—that is to say, having regard to the forces at work in them and between them. Hitherto we have been content with a *description* of the mental apparatus.

'My only fear is that it may become unintelligible again!'

I hope not. You will soon find your way about in it. Well then, we assume that the forces which drive the mental apparatus into activity are produced in the bodily organs as an expression of the major somatic needs. You will recollect the words of our poet-philosopher: 'Hunger and love [are what moves the world].' [1] Incidentally, quite a formidable pair of forces! We give these bodily needs, in so far as they represent an instigation to mental activity, the name of '*Triebe*' [instincts], a word for which we are envied by many modern languages.[2] Well, these instincts fill the id: all the energy in the id, as we may put it briefly, originates from them. Nor have the forces in the ego any other origin; they are derived from those in the id. What, then, do these instincts want? Satisfaction—that is, the establishment of situations in which the bodily needs can be extinguished. A lowering of the tension of need is felt by our organ of consciousness as pleasurable; an increase of it is soon felt as unpleasure. From these oscillations arises the series of feelings of pleasure-unpleasure, in accordance with which the whole mental apparatus regulates its activity. In this connection we speak of a 'dominance of the pleasure principle'.

If the id's instinctual demands meet with no satisfaction, intolerable conditions arise. Experience soon shows that these situations of satisfaction can only be established with the help

[1] [Schiller, 'Die Weltweisen'.]

[2] [Various translations have been adopted for the word '*Trieb*', the most literal being 'drive'. The reasons for using 'instinct' in the *Standard Edition* are discussed in the General Introduction in Volume I.]

of the external world. At that point the portion of the id which is directed towards the external world—the ego begins to function. If all the driving force that sets the vehicle in motion is derived from the id, the ego, as it were, undertakes the steering, without which no goal can be reached. The instincts in the id press for immediate satisfaction at all costs, and in that way they achieve nothing or even bring about appreciable damage. It is the task of the ego to guard against such mishaps, to mediate between the claims of the id and the objections of the external world. It carries on its activity in two directions. On the one hand, it observes the external world with the help of its sense-organ, the system of consciousness, so as to catch the favourable moment for harmless satisfaction; and on the other hand it influences the id, bridles its 'passions', induces its instincts to postpone their satisfaction, and indeed, if the necessity is recognized, to modify its aims, or, in return for some compensation, to give them up. In so far as it tames the id's impulses in this way, it replaces the pleasure principle, which was formerly alone decisive, by what is known as the 'reality principle', which, though it pursues the same ultimate aims, takes into account the conditions imposed by the real external world. Later, the ego learns that there is yet another way of securing satisfaction besides the *adaptation* to the external world which I have described It is also possible to intervene in the external world by *changing* it, and to establish in it intentionally the conditions which make satisfaction possible. This activity then becomes the ego's highest function, decisions as to when it is more expedient to control one's passions and bow before reality, and when it is more expedient to side with them and to take arms against the external world such decisions make up the whole essence of worldly wisdom.

'And does the id put up with being dominated like this by the ego, in spite of being, if I understand you aright, the stronger party?'

Yes, all will be well if the ego is in possession of its whole organization and efficiency, if it has access to all parts of the id and can exercise its influence on them. For there is no natural opposition between ego and id; they belong together, and under healthy conditions cannot in practice be distinguished from each other.

'That sounds very pretty; but I cannot see how in such an ideal relation there can be the smallest room for a pathological disturbance.'

You are right. So long as the ego and its relations to the id fulfil these ideal conditions, there will be no neurotic disturbance. The point at which the illness makes its breach is an unexpected one, though no one acquainted with general pathology will be surprised to find a confirmation of the principle that it is precisely the most important developments and differentiations that carry in them the seeds of illness, of failure of function.

'You are becoming too learned. I cannot follow you.'

I must go back a little bit further. A small living organism is a truly miserable, powerless thing, is it not? compared with the immensely powerful external world, full as it is of destructive influences. A primitive organism, which has not developed any adequate ego-organization, is at the mercy of all these 'traumas'. It lives by the 'blind' satisfaction of its instinctual wishes and often perishes in consequence. The differentiation of an ego is above all a step towards self-preservation. Nothing, it is true, can be learnt from being destroyed; but if one has luckily survived a trauma one takes notice of the approach of similar situations and signalizes the danger by an abbreviated repetition of the impressions one has experienced in connection with the trauma — by an *affect of anxiety*. This reaction to the perception of the danger now introduces an attempt at flight, which can have a life-saving effect till one has grown strong enough to meet the dangers of the external world in a more active fashion — even aggressively, perhaps.

'All this is very far away from what you promised to tell me.'

You have no notion how close I am to fulfilling my promise. Even in organisms which later develop an efficient ego-organization, their ego is feeble and little differentiated from their id to begin with, during their first years of childhood. Imagine now what will happen if this powerless ego experiences an instinctual demand from the id which it would already like to resist (because it senses that to satisfy it is dangerous and would conjure up a traumatic situation, a collision with the external world, but which it cannot control, because it does

not yet possess enough strength to do so. In such a case the ego treats the instinctual danger as if it was an external one, it makes an attempt at flight, draws back from this portion of the id and leaves it to its fate, after withholding from it all the contributions which it usually makes to instinctual impulses. The ego, as we put it, institutes a *repression* of these instinctual impulses. For the moment this has the effect of fending off the danger; but one cannot confuse the inside and the outside with impunity. One cannot run away from oneself. In repression the ego is following the pleasure principle, which it is usually in the habit of correcting; and it is bound to suffer damage in revenge. This lies in the ego's having permanently narrowed its sphere of influence. The repressed instinctual impulse is now isolated, left to itself, inaccessible, but also uninfluenceable. It goes its own way. Even later, as a rule, when the ego has grown stronger, it still cannot lift the repression; its synthesis is impaired, a part of the id remains forbidden ground to the ego. Nor does the isolated instinctual impulse remain idle; it understands how to make up for being denied normal satisfaction; it produces psychical derivatives which take its place; it links itself to other processes which by its influence it likewise tears away from the ego; and finally it breaks through into the ego and into consciousness in the form of an unrecognizably distorted substitute, and creates what we call a symptom. All at once the nature of a neurotic disorder becomes clear to us: on the one hand an ego which is inhibited in its synthesis, which has no influence on parts of the id, which must renounce some of its activities in order to avoid a fresh collision with what has been repressed, and which exhausts itself in what are for the most part vain acts of defence against the symptoms, the derivatives of the repressed impulses; and on the other hand an id in which individual instincts have made themselves independent, pursue their aims regardless of the interests of the person as a whole and henceforth obey the laws only of the primitive psychology that rules in the depths of the id. If we survey the whole situation we arrive at a simple formula for the origin of a neurosis: the ego has made an attempt to suppress certain portions of the id *in an inappropriate manner*, this attempt has failed and the id has taken its revenge. A neurosis is thus the result of a conflict between the ego and

the id, upon which the ego has embarked because, as careful investigation shows, it wishes at all costs to retain its adaptability in relation to the real external world. The disagreement is between the external world and the id; and it is because the ego, loyal to its inmost nature, takes sides with the external world that it becomes involved in a conflict with its id. But please observe that what creates the determinant for the illness is not the fact of this conflict – for disagreements of this kind between reality and the id are unavoidable and it is one of the ego's standing tasks to mediate in them – but the circumstance that the ego has made use of the inefficient instrument of repression for dealing with the conflict. But this in turn is due to the fact that the ego, at the time at which it was set the task, was undeveloped and powerless. The decisive repressions all take place in early childhood.

'What a remarkable business! I shall follow your advice and not make criticisms, since you only want to show me what psycho-analysis believes about the origin of neurosis so that you can go on to say how it sets about combating it. I should have various questions to ask and later on I shall raise some of them. But at the moment I myself feel tempted for once to carry your train of thought further and to venture upon a theory of my own. You have expounded the relation between external world, ego and id, and you have laid it down as the determinant of a neurosis that the ego in its dependence on the external world struggles against the id. Is not the opposite case conceivable of the ego in a conflict of this kind allowing itself to be dragged away by the id and disavowing its regard for the external world? What happens in a case like that? From my lay notions of the nature of insanity I should say that such a decision on the part of the ego might be the determinant of insanity. After all, a turning away of that kind from reality seems to be the essence of insanity.'

Yes. I myself have thought of that possibility,[1] and indeed I believe it meets the facts – though to prove the suspicion true would call for a discussion of some highly complicated considerations. Neuroses and psychoses are evidently intimately related, but they must nevertheless differ in some decisive

[1] [Cf. Freud, 'Neurosis and Psychosis' (1924*b*).]

respect. That might well be the side taken by the ego in a conflict of this kind. In both cases the id would retain its characteristic of blind inflexibility.

'Well, go on! What hints on the treatment of neurotic illnesses does your theory give?'

It is easy now to describe our therapeutic aim. We try to restore the ego, to free it from its restrictions, and to give it back the command over the id which it has lost owing to its early repressions. It is for this one purpose that we carry out analysis, our whole technique is directed to this aim. We have to seek out the repressions which have been set up and to urge the ego to correct them with our help and to deal with conflicts better than by an attempt at flight. Since these repressions belong to the very early years of childhood, the work of analysis leads us, too, back to that period. Our path to these situations of conflict, which have for the most part been forgotten and which we try to revive in the patient's memory, is pointed out to us by his symptoms, dreams and free associations. These must, however, first be interpreted—translated for, under the influence of the psychology of the id, they have assumed forms of expression that are strange to our comprehension. We may assume that whatever associations, thoughts and memories the patient is unable to communicate to us without internal struggles are in some way connected with the repressed material or are its derivatives. By encouraging the patient to disregard his resistances to telling us these things, we are educating his ego to overcome its inclination towards attempts at flight and to tolerate an approach to what is repressed. In the end, if the situation of the repression can be successfully reproduced in his memory, his compliance will be brilliantly rewarded. The whole difference between his age then and now works in his favour; and the thing from which his childish ego fled in terror will often seem to his adult and strengthened ego no more than child's play.

IV

'EVERYTHING you have told me so far has been psychology. It has often sounded strange, difficult, or obscure; but it has always been if I may put it so "pure". I have known very little hitherto, no doubt, about your psycho-analysis; but the rumour has nevertheless reached my ears that you are principally occupied with things that have no claim to that predicate. The fact that you have not yet touched on anything of the kind makes me feel that you are deliberately keeping something back. And there is another doubt that I cannot suppress. After all, as you yourself say, neuroses are disturbances of mental life. Is it possible, then, that such important things as our ethics, our conscience, our ideals, play no part at all in these profound disturbances?'

So you feel that a consideration both of what is lowest and of what is highest has been missing from our discussions up till now? The reason for that is that we have not yet considered the *contents* of mental life at all. But allow me now for once myself to play the part of an interrupter who holds up the progress of the conversation. I have talked so much psychology to you because I wanted you to get the impression that the work of analysis is a part of applied psychology and, moreover, of a psychology that is unknown outside analysis. An analyst must therefore first and foremost have learnt this psychology, this depth-psychology or psychology of the unconscious, or as much of it at least as is known to-day. We shall need this as a basis for our later conclusions. But now, what was it you meant by your allusion to 'purity'?

'Well, it is generally reported that in analyses the most intimate—and the nastiest—events in sexual life come up for discussion in every detail. If that is so—I have not been able to gather from your psychological discussions that it is necessarily so - it would be a strong argument in favour of restricting these treatments to doctors. How could one dream of allowing such dangerous liberties to people of whose discretion one was not sure and of whose character one had no guarantee?'

It is true that doctors enjoy certain privileges in the sphere of sex: they are even allowed to inspect people's genitals—

though they were not allowed to in the East and though some idealistic reformers (you know whom I have in mind,[1] have disputed this privilege. But you want to know in the first place whether it is so in analysis and why it must be so. -Yes, it is so.

And it must be so, firstly, because analysis is entirely founded on complete candour. Financial circumstances, for instance, are discussed with equal detail and openness: things are said that are kept back from every fellow-citizen, even if he is not a competitor or a tax-collector. I will not dispute—indeed, I will myself insist with energy—that this obligation to candour puts a grave moral responsibility on the analyst as well. And it must be so, secondly, because factors from sexual life play an extremely important, a dominating, perhaps even a *specific* part among the causes and precipitating factors of neurotic illnesses. What else can analysis do but keep close to its subject-matter, to the material brought up by the patient? The analyst never entices his patient on to the ground of sex. He does not say to him in advance, 'We shall be dealing with the intimacies of your sexual life!' He allows him to begin what he has to say whenever he pleases, and quietly waits until the patient himself touches on sexual things. I used always to warn my pupils: 'Our opponents have told us that we shall come upon cases in which the factor of sex plays no part. Let us be careful not to introduce it into our analyses and so spoil our chance of finding such a case.' But so far none of us has had that good fortune.

I am aware, of course, that our recognition of sexuality has become—whether admittedly or not—the strongest motive for other people's hostility to analysis. Can that shake our confidence? It merely shows us how neurotic our whole civilized life is, since ostensibly normal people do not behave very differently from neurotics. At a time when psycho-analysis was solemnly put on its trial before the learned societies of Germany —to-day things have grown altogether quieter—one of the speakers claimed to possess peculiar authority because, so he said, he even allowed his patients to talk, for diagnostic purposes, clearly, and to test the assertions of analysts. 'But', he added, 'if they begin to talk about sexual matters I shut their

[1] [No doubt Tolstoy and his followers. See the similar passage in a paper on transference-love (1915*a*), *Standard Ed.*, **12**, 161.]

mouths.' What do you think of that as a method of demonstration? The learned society applauded the speaker to the echo instead of feeling suitably ashamed on his account. Only the triumphant certainty afforded by the consciousness of prejudices held in common can explain this speaker's want of logical thought. Years later a few of those who had at that time been my followers gave in to the need to free human society from the yoke of sexuality which psycho-analysis was seeking to impose on it. One of them explained that what is sexual does not mean sexuality at all, but something else, something abstract and mystical. And another actually declared that sexual life is merely one of the spheres in which human beings seek to put in action their driving need for power and domination. They have met with much applause, for the moment at least.

'I shall venture, for once in a way, to take sides on that point. It strikes me as extremely bold to assert that sexuality is not a natural, primitive need of living organisms, but an expression of something else. One need only take the example of animals.'

That makes no difference. There is no mixture, however absurd, that society will not willingly swallow down if it is advertised as an antidote to the dreaded predominance of sexuality.

I confess, moreover, that the dislike that you yourself have betrayed of assigning to the factor of sexuality so great a part in the causation of neurosis I confess that this scarcely seems to me consistent with your task as an Impartial Person. Are you not afraid that this antipathy may interfere with your passing a just judgement?

'I am sorry to hear you say that. Your reliance on me seems to be shaken. But in that case why not have chosen someone else as your Impartial Person?'

Because that someone else would not have thought any differently from you. But if he had been prepared from the first to recognize the importance of sexual life, everyone would have exclaimed: 'Why, that is no Impartial Person, he is one of your supporters!' No, I am far from abandoning the expectation of being able to influence your opinions. I must admit, however, that from my point of view this situation is different from the one we dealt with earlier. As regards our psychological discussions it is a matter of indifference to me whether you believe

me or not, provided only that you get an impression that what we are concerned with are purely psychological problems. But here, as regards the question of sexuality, I should nevertheless be glad if you were accessible to the realization that your strongest motive for contradiction is precisely the ingrained hostility which you share with so many other people.

'But after all I am without the experience that has given you your unshakeable certainty.'

Very well. I can now proceed with my exposition. Sexual life is not simply something spicy; it is also a serious scientific problem. There was much that was novel to be learnt about it, many strange things to be explained. I told you just now that analysis has to go back into the early years of the patient's childhood, because the decisive repressions have taken place then, while his ego was feeble. But surely in childhood there is no sexual life? surely it only starts at puberty? On the contrary. We have to learn that sexual instinctual impulses accompany life from birth onwards, and that it is precisely in order to fend off those instincts that the infantile ego institutes repressions. A remarkable coincidence, is it not? that small children should already be struggling against the power of sexuality, just as the speaker in the learned society was to do later, and later still my followers who have set up their own theories. How does that come about? The most general explanation would be that our civilization is built up entirely at the expense of sexuality; but there is much more to be said on the subject.

The discovery of infantile sexuality is one of those of which we have reason to feel ashamed [because of its obviousness].[1] A few paediatricians have, it seems, always known about it, and a few children's nurses. Clever men, who call themselves child psychologists, have thereupon spoken in tones of reproach of a 'desecration of the innocence of childhood'. Once again, sentiment instead of argument! Events of that kind are of daily occurrence in political bodies. A member of the Opposition rises and denounces some piece of maladministration in the Civil Service, in the Army, in the Judiciary and so on. Upon this another member, preferably one of the Government, declares that such statements are an affront to the sense of honour of the

[1] [Cf. a similar passage in 'The History of the Psycho-Analytic Movement' (1914*d*), *Standard Ed.*, **14**, 18.]

body politic, of the army, of the dynasty, or even of the nation. So they are as good as untrue. Feelings such as these can tolerate no affronts.

The sexual life of children is of course different from that of adults. The sexual function, from its beginnings to the definitive form in which it is so familiar to us, undergoes a complicated process of development. It grows together from numerous component instincts with different aims and passes through several phases of organization till at last it comes into the service of reproduction. Not all the component instincts are equally serviceable for the final outcome; they must be diverted, remodelled and in part suppressed. Such a far-reaching course of development is not always passed through without a flaw; inhibitions in development take place, partial fixations at early stages of development. If obstacles arise later on to the exercise of the sexual function, the sexual urge — the libido, as we call it — is apt to hark back to these earlier points of fixation. The study of the sexuality of children and its transformations up to maturity has also given us the key to an understanding of what are known as the sexual perversions, which people used always to describe with all the requisite indications of disgust but whose origin they were never able to explain. The whole topic is of uncommon interest, but for the purposes of our conversation there is not much sense in telling you more about it. To find one's way about in it one of course needs anatomical and physiological knowledge, all of which is unfortunately not to be acquired in medical schools. But a familiarity with the history of civilization and with mythology is equally indispensable.

'After all that, I still cannot form any picture of the sexual life of children.'

Then I will pursue the subject further; in any case it is not easy for me to get away from it. I will tell you, then, that the most remarkable thing about the sexual life of children seems to me that it passes through the whole of its very far-reaching development in the first five years of life. From then onwards until puberty there stretches what is known as the period of latency. During it sexuality normally advances no further; on the contrary, the sexual urges diminish in strength and many things are given up and forgotten which the child did and knew. During that period of life, after the early efflorescence of sexu-

ality has withered, such attitudes of the ego as shame, disgust and morality arise, which are destined to stand up against the later tempest of puberty and to lay down the path of the freshly awakening sexual desires. This 'diphasic onset', as it is named, of sexual life has a great deal to do with the genesis of neurotic illnesses. It seems to occur only in human beings, and it is perhaps one of the determinants of the human privilege of becoming neurotic. The prehistory of sexual life was just as much overlooked before psycho-analysis as, in another department, the background to conscious mental life. You will rightly suspect that the two are intimately connected.

There is much to be told, for which our expectations have not prepared us, about the contents, manifestations[1] and achievements of this early period of sexuality. For instance, you will no doubt be surprised to hear how often little boys are afraid of being eaten up by their father. (And you may also be surprised at my including this fear among the phenomena of sexual life.) But I may remind you of the mythological tale which you may still recall from your schooldays of how the god Kronos swallowed his children. How strange this must have sounded to you when you first heard it! But I suppose none of us thought about it at the time. To-day we can also call to mind a number of fairy tales in which some ravenous animal like a wolf appears, and we shall recognize it as a disguise of the father. And this is an opportunity of assuring you that it was only through the knowledge of infantile sexuality that it became possible to understand mythology and the world of fairy tales. Here then something has been gained as a by-product of analytic studies.

You will be no less surprised to hear that male children suffer from a fear of being robbed of their sexual organ by their father, so that this fear of being castrated has a most powerful influence on the development of their character and in deciding the direction to be followed by their sexuality. And here again mythology may give you the courage to believe psycho-analysis. The same Kronos who swallowed his children also emasculated his father Uranus, and was afterwards himself emasculated in revenge by his son Zeus, who had been rescued through his

[1] ['*Äusserungen*' in the first edition. In the later ones '*Änderungen* (changes)', probably a misprint.]

mother's cunning. If you have felt inclined to suppose that all that psycho-analysis reports about the early sexuality of children is derived from the disordered imagination of the analysts, you must at least admit that their imagination has created the same product as the imaginative activities of primitive man, of which myths and fairy tales are the precipitate. The alternative friendlier, and probably also the more pertinent view would be that in the mental life of children to-day we can still detect the same archaic factors which were once dominant generally in the primaeval days of human civilization. In his mental development the child would be repeating the history of his race in an abbreviated form, just as embryology long since recognized was the case with somatic development.

Another characteristic of early infantile sexuality is that the female sexual organ proper as yet plays no part in it. the child has not yet discovered it. Stress falls entirely on the male organ, all the child's interest is directed towards the question of whether it is present or not. We know less about the sexual life of little girls than of boys. But we need not feel ashamed of this distinction; after all, the sexual life of adult women is a 'dark continent'[1] for psychology. But we have learnt that girls feel deeply their lack of a sexual organ that is equal in value to the male one; they regard themselves on that account as inferior, and this 'envy for the penis' is the origin of a whole number of characteristic feminine reactions.

It is also characteristic of children that their two excretory needs are cathected [charged] with sexual interest Later on, education draws a sharp distinction here, which is once more obliterated in the practice of joking It may seem to us an unsavoury fact, but it takes quite a long time for children to develop feelings of disgust. This is not disputed even by people who insist otherwise on the seraphic purity of the child's mind.

Nothing, however, deserves more notice than the fact that children regularly direct their sexual wishes towards their nearest relatives – in the first place, therefore, towards their father and mother, and afterwards towards their brothers and sisters The first object of a boy's love is his mother, and of a girl's her father (except in so far as an innate bisexual disposition favours the simultaneous presence of the contrary

[1] [In English in the original.]

attitude). The other parent is felt as a disturbing rival and not infrequently viewed with strong hostility. You must understand me aright. What I mean to say is not that the child wants to be treated by its favourite parent merely with the kind of affection which we adults like to regard as the essence of the parent-child relation. No, analysis leaves us in no doubt that the child's wishes extend beyond such affection to all that we understand by sensual satisfaction — so far, that is, as the child's powers of imagination allow. It is easy to see that the child never guesses the actual facts of sexual intercourse, he replaces them by other notions derived from his own experience and feelings. As a rule his wishes culminate in the intention to bear, or in some indefinable way, to procreate a baby. Boys, too, in their ignorance, do not exclude themselves from the wish to bear a baby. We give the whole of this mental structure the name of 'Oedipus complex', after the familiar Greek legend. With the end of the early sexual period it should normally be given up, should radically disintegrate and become transformed; and the results of this transformation are destined for important functions in later mental life. But as a rule this is not effected radically enough, in which case puberty brings about a revival of the complex, which may have serious consequences.

I am surprised that you are still silent. That can scarcely mean consent. In asserting that a child's first choice of an object is, to use the technical term, an incestuous one, analysis no doubt once more hurt the most sacred feelings of humanity, and might well be prepared for a corresponding amount of disbelief, contradiction and attack. And these it has received in abundance. Nothing has damaged it more in the good opinion of its contemporaries than its hypothesis of the Oedipus complex as a structure universally bound to human destiny. The Greek myth, incidentally, must have had the same meaning, but the majority of men to-day, learned and unlearned alike, prefer to believe that Nature has laid down an innate abhorrence in us as a guard against the possibility of incest.

But let us first summon history to our aid. When Caius Julius Caesar landed in Egypt, he found the young Queen Cleopatra (who was soon to become so important to him) married to her still younger brother Ptolemy. In an Egyptian dynasty there was nothing peculiar in this; the Ptolemies, who were of Greek

origin, had merely carried on the custom which had been practised by their predecessors, the ancient Pharaohs, for a few thousand years. This, however, was merely brother-and-sister incest, which even at the present time is not judged so harshly. So let us turn to our chief witness in matters concerning primaeval times—mythology. It informs us that the myths of every people, and not only of the Greeks, are filled with examples of love-affairs between fathers and daughters and even between mothers and sons. Cosmology, no less than the genealogy of royal races, is founded upon incest. For what purpose do you suppose these legends were created? To brand gods and kings as criminals? to fasten on them the abhorrence of the human race? Rather, surely, because incestuous wishes are a primordial human heritage and have never been fully overcome, so that their fulfilment was still granted to gods and their descendants when the majority of common humans were already obliged to renounce them. It is in complete harmony with these lessons of history and mythology that we find incestuous wishes still present and operative in the childhood of the individual.

'I might take it amiss that you tried to keep back all this about infantile sexuality from me. It seems to me most interesting, particularly on account of its connection with human prehistory.'

I was afraid it might take us too far from our purpose. But perhaps after all it will be of use.

'Now tell me, though, what certainty can you offer for your analytic findings on the sexual life of children? Is your conviction based solely on points of agreement with mythology and history?'

Oh, by no means. It is based on direct observation. What happened was this. We had begun by inferring the content of sexual childhood from the analysis of adults—that is to say, some twenty to forty years later. Afterwards, we undertook analyses on children themselves, and it was no small triumph when we were thus able to confirm in them everything that we had been able to divine, in spite of the amount to which it had been overlaid and distorted in the interval.

'What? You have had small children in analysis? children of less than six years? *Can* that be done? And is it not most risky for the children?'

It can be done very well. It is hardly to be believed what goes on in a child of four or five years old. Children are very active-minded at that age; their early sexual period is also a period of intellectual flowering. I have an impression that with the onset of the latency period they become mentally inhibited as well, stupider. From that time on, too, many children lose their physical charm. And, as regards the damage done by early analysis, I may inform you that the first child on whom the experiment was ventured, nearly twenty years ago, has since then grown into a healthy and capable young man, who has passed through his puberty irreproachably, in spite of some severe psychical traumas. It may be hoped that things will turn out no worse for the other 'victims' of early analysis. Much that is of interest attaches to these child analyses; it is possible that in the future they will become still more important. From the point of view of theory, their value is beyond question. They give unambiguous information on problems which remain unsolved in the analyses of adults; and they thus protect the analyst from errors that might have momentous consequences for him. One surprises the factors that lead to the formation of a neurosis while they are actually at work and one cannot then mistake them. In the child's interest, it is true, analytic influence must be combined with educational measures. The technique has still to receive its shaping. But practical interest is aroused by the observation that a very large number of our children pass through a plainly neurotic phase in the course of their development. Since we have learnt how to look more sharply, we are tempted to say that neurosis in children is not the exception but the rule, as though it could scarcely be avoided on the path from the innate disposition of infancy to civilized society. In most cases this neurotic phase in childhood is overcome spontaneously. But may it not also regularly leave its traces in the average healthy adult? On the other hand in those who are neurotics in later life we never fail to find links with the illness in childhood, though at the time it need not have been very noticeable. In a precisely analogous way physicians to-day, I believe, hold the view that each one of us has gone through an attack of tuberculosis in his childhood. It is true that in the case of the neuroses the factor of immunization does not operate, but only the factor of predisposition.

Let me return to your question about certainty. We have become quite generally convinced from the direct analytic examination of children that we were right in our interpretation of what adults told us about their childhood. In a number of cases, however, another sort of confirmation has become possible. The material of the analysis of some patients has enabled us to reconstruct certain external happenings, certain impressive events of their childhood years, of which they have preserved no conscious memory. Lucky accidents, information from parents or nurses, have afterwards provided irrefutable evidence that these occurrences which we had inferred really did take place. This, of course, has not happened often, but when it has it has made an overwhelming impression. The correct reconstruction, you must know, of such forgotten experiences of childhood always has a great therapeutic effect, whether they permit of objective confirmation or not.[1] These events owe their importance, of course, to their having occurred at such an early age, at a time when they could still produce a traumatic effect on the feeble ego.

'And what sort of events can these be, that have to be discovered by analysis?'

Various sorts. In the first place, impressions capable of permanently influencing the child's budding sexual life—such as observations of sexual activities between adults, or sexual experiences of his own with an adult or another child (no rare events); or, again, overhearing conversations, understood either at the time or retrospectively, from which the child thought it could draw conclusions about mysterious or uncanny matters; or again, remarks or actions by the child himself which give evidence of significant attitudes of affection or enmity towards other people. It is of special importance in an analysis to induce a memory of the patient's own forgotten sexual activity as a child and also of the intervention by the adults which brought it to an end.

'That gives me an opportunity of bringing up a question that I have long wanted to ask. What, then, is the nature of this "sexual activity" of children at an early age, which, as you say, was overlooked before the days of analysis?'

It is an odd thing that the regular and essential part of this

[1] [Cf. Freud's later paper on this subject (1937*d*).]

sexual activity was *not* overlooked. Or rather, it is by no means odd, for it was impossible to overlook it. Children's sexual impulses find their main expressions in self-gratification by friction of their own genitals, or, more precisely, of the male portion of them. The extraordinarily wide distribution of this form of childish 'naughtiness' was always known to adults, and it was regarded as a grave sin and severely punished. But please do not ask me how people could reconcile these observations of the immoral inclinations of children—for children do it, as they themselves say, because it gives them pleasure—with the theory of their innate purity and non-sensuality. You must get our opponents to solve this riddle. *We* have a more important problem before us. What attitude should we adopt towards the sexual activity of early childhood? We know the responsibility we are incurring if we suppress it; but we do not venture to let it take its course without restriction. Among races at a low level of civilization, and among the lower strata of civilized races, the sexuality of children seems to be given free rein. This probably provides a powerful protection against the subsequent development of neuroses in the individual. But does it not at the same time involve an extraordinary loss of the aptitude for cultural achievements? There is a good deal to suggest that here we are faced by a new Scylla and Charybdis.

But whether the interests which are stimulated by the study of the sexual life of neurotics create an atmosphere favourable to the encouragement of lasciviousness—*that* is a question which I venture to leave to your own judgement.

V

'I BELIEVE I understand your purpose. You want to show me what kind of knowledge is needed in order to practise analysis, so that I may be able to judge whether only doctors should have a right to do so. Well, so far very little to do with medicine has turned up: a great deal of psychology and a little biology or sexual science. But perhaps we have not got to the end?'

Decidedly not. There are still gaps to be filled. May I make a request? Will you describe how you now picture an analytic treatment? just as though you had to undertake one yourself.

'A fine idea, to be sure! No, I have not the least intention of settling our controversy by an experiment of that sort. But just to oblige, I will do what you ask—the responsibility will be yours. Very well. I will suppose that the patient comes to me and complains of his troubles. I promise him recovery or improvement if he will follow my directions. I call on him to tell me with perfect candour everything that he knows and that occurs to him, and not to be deterred from that intention even if some things are disagreeable to say. Have I taken in the rule properly?'

Yes. You should add: 'even if what occurs to him seems unimportant or senseless.'

'I will add that. Thereupon he begins to talk and I listen. And what then? I infer from what he tells me the kind of impressions, experiences and wishes which he has repressed because he came across them at a time when his ego was still feeble and was afraid of them instead of dealing with them. When he has learnt this from me, he puts himself back in the old situations and with my help he manages better. The limitations to which his ego was tied then disappear, and he is cured. Is that right?'

Bravo! bravo! I see that once again people will be able to accuse me of having made an analyst of someone who is not a doctor. You have mastered it all admirably.

'I have done no more than repeat what I have heard from you as though it was something I had learnt by heart. All the same, I cannot form any picture of how I should do it, and I am quite at a loss to understand why a job like that should

take an hour a day for so many months. After all, an ordinary person has not as a rule experienced such a lot, and what was repressed in childhood is probably in every case the same.'

When one really practises analysis one learns all kinds of things besides. For instance: you would not find it at all such a simple matter to deduce from what the patient tells you the experiences he has forgotten and the instinctual impulses he has repressed. He says something to you which at first means as little to you as it does to him. You will have to make up your mind to look at the material which he delivers to you in obedience to the rule in a quite special way: as though it were ore, perhaps, from which its content of precious metal has to be extracted by a particular process. You will be prepared, too, to work over many tons of ore which may contain but little of the valuable material you are in search of. Here we should have a first reason for the prolonged character of the treatment.

'But how does one work over this raw material—to keep to your simile?'

By assuming that the patient's remarks and associations are only distortions of what you are looking for allusions, as it were, from which you have to guess what is hidden behind them. In a word, this material, whether it consists of memories, associations or dreams, has first to be *interpreted*. You will do this, of course, with an eye to the expectations you have formed as you listened, thanks to your special knowledge.

'"Interpret!" A nasty word! I dislike the sound of it, it robs me of all certainty. If everything depends on my interpretation who can guarantee that I interpret right? So after all everything *is* left to my caprice.'

Just a moment! Things are not quite as bad as that. Why do you choose to except your own mental processes from the rule of law which you recognize in other people's? When you have attained some degree of self-discipline and have certain knowledge at your disposal, your interpretations will be independent of your personal characteristics and will hit the mark. I am not saying that the analyst's personality is a matter of indifference for this portion of his task. A kind of sharpness of hearing for what is unconscious and repressed, which is not possessed equally by everyone, has a part to play. And here, above all,

we are brought to the analyst's obligation to make himself capable, by a deep-going analysis of his own, of the unprejudiced reception of the analytic material. Something, it is true, still remains over: something comparable to the 'personal equation' in astronomical observations. This individual factor will always play a larger part in psycho-analysis than elsewhere. An abnormal person can become an accurate physicist; as an analyst he will be hampered by his own abnormality from seeing the pictures of mental life undistorted. Since it is impossible to demonstrate to anyone his own abnormality, general agreement in matters of depth-psychology will be particularly hard to reach. Some psychologists, indeed, think it is quite impossible and that every fool has an equal right to give out his folly as wisdom. I confess that I am more of an optimist about this. After all, our experiences show that fairly satisfactory agreements can be reached even in psychology. Every field of research has its particular difficulty which we must try to eliminate. And, moreover, even in the interpretative art of analysis there is much that can be learnt like any other material of study: for instance, in connection with the peculiar method of indirect representation through symbols.

'Well, I no longer have any desire to undertake an analytic treatment even in my imagination. Who can say what other surprises I might meet with?'

You are quite right to give up the notion. You see how much more training and practice would be needed. When you have found the right interpretation, another task lies ahead. You must wait for the right moment at which you can communicate your interpretation to the patient with some prospect of success.

'How can one always tell the right moment?'

That is a question of tact, which can become more refined with experience. You will be making a bad mistake if, in an effort, perhaps, at shortening the analysis, you throw your interpretations at the patient's head as soon as you have found them. In that way you will draw expressions of resistance, rejection and indignation from him; but you will not enable his ego to master his repressed material. The formula is: to wait till he has come so near to the repressed material that he has only a few more steps to take under the lead of the interpretation you propose.

'I believe I should never learn to do that. And if I carry out these precautions in making my interpretation, what next?'

It will then be your fate to make a discovery for which you were not prepared.

'And what may that be?'

That you have been deceived in your patient; that you cannot count in the slightest on his collaboration and compliance; that he is ready to place every possible difficulty in the way of your common work—in a word, that he has no wish whatever to be cured.

'Well! that is the craziest thing you have told me yet. And I do not believe it either. The patient who is suffering so much, who complains so movingly about his troubles, who is making so great a sacrifice for the treatment—you say he has no wish to be cured! But of course you do not mean what you say.'

Calm yourself! I *do* mean it. What I said was the truth—not the whole truth, no doubt, but a very noteworthy part of it. The patient wants to be cured—but he also wants not to be. His ego has lost its unity, and for that reason his will has no unity either. If that were not so, he would be no neurotic.

'"Were I sagacious, I should not be Tell!"'[1]

The derivatives of what is repressed have broken into his ego and established themselves there; and the ego has as little control over trends from that source as it has over what is actually repressed, and as a rule it knows nothing about them. These patients, indeed, are of a peculiar nature and raise difficulties with which we are not accustomed to reckon. All our social institutions are framed for people with a united and normal ego, which one can classify as good or bad, which either fulfils its function or is altogether eliminated by an overpowering influence. Hence the juridical alternative, responsible or irresponsible. None of these distinctions apply to neurotics. It must be admitted that there is difficulty in adapting social demands to their psychological condition. This was experienced on a large scale during the last war. Were the neurotics who evaded service malingerers or not? They were both. If they were treated as malingerers and if their illness was made highly uncomfortable, they recovered; if after being ostensibly restored

[1] ['War' ich besonnen, hiess ich nicht der Tell.' Schiller, *Wilhelm Tell*, Act III, Scene 3.]

they were sent back into service, they promptly took flight once more into illness. Nothing could be done with them. And the same is true of neurotics in civil life. They complain of their illness but exploit it with all their strength; and if someone tries to take it away from them they defend it like the proverbial lioness with her young. Yet there would be no sense in reproaching them for this contradiction.

'But would not the best plan be not to give these difficult people any treatment at all, but to leave them to themselves? I cannot think it is worth while to expend such great efforts over each of them as you lead me to suppose that you make.'

I cannot approve of your suggestion. It is undoubtedly a more proper line to accept the complications of life rather than struggle against them. It may be true that not every neurotic whom we treat is worth the expenditure of an analysis; but there are some very valuable individuals among them as well. We must set ourselves the goal of bringing it about that as few human beings as possible enter civilized life with such a defective mental equipment. And for that purpose we must collect much experience and learn to understand many things. Every analysis can be instructive and bring us a yield of new understanding quite apart from the personal value of the individual patient.

'But if a volitional impulse has been formed in the patient's ego which wishes to retain the illness, it too must have its reasons and motives and be able in some way to justify itself. But it is impossible to see why anyone should want to be ill or what he can get out of it.'

Oh, that is not so hard to understand. Think of the war neurotics, who do not have to serve, precisely because they are ill. In civil life illness can be used as a screen to gloss over incompetence in one's profession or in competition with other people; while in the family it can serve as a means for sacrificing the other members and extorting proofs of their love or for imposing one's will upon them. All of this lies fairly near the surface; we sum it up in the term 'gain from illness'. It is curious, however, that the patient—that is, his ego—nevertheless knows nothing of the whole concatenation of these motives and the actions which they involve. One combats the influence of these trends by compelling the ego to take cognizance of them. But there are other motives, that lie still deeper, for

holding on to being ill, which are not so easily dealt with. But these cannot be understood without a fresh journey into psychological theory.

'Please go on. A little more theory will make no odds now.'

When I described the relation between the ego and the id to you, I suppressed an important part of the theory of the mental apparatus. For we have been obliged to assume that within the ego itself a particular agency has become differentiated, which we name the super-ego. This super-ego occupies a special position between the ego and the id. It belongs to the ego and shares its high degree of psychological organization; but it has a particularly intimate connection with the id. It is in fact a precipitate of the first object-cathexes of the id and is the heir to the Oedipus complex after its demise. This super-ego can confront the ego and treat it like an object; and it often treats it very harshly. It is as important for the ego to remain on good terms with the super-ego as with the id. Estrangements between the ego and the super-ego are of great significance in mental life. You will already have guessed that the super-ego is the vehicle of the phenomenon that we call conscience. Mental health very much depends on the super-ego's being normally developed—that is, on its having become sufficiently impersonal. And that is precisely what it is not in neurotics, whose Oedipus complex has not passed through the correct process of transformation. Their super-ego still confronts their ego as a strict father confronts a child, and their morality operates in a primitive fashion in that the ego gets itself punished by the super-ego Illness is employed as an instrument for this 'self-punishment', and neurotics have to behave as though they were governed by a sense of guilt which, in order to be satisfied, needs to be punished by illness.

'That really sounds most mysterious The strangest thing about it is that apparently even this mighty force of the patient's conscience does not reach his consciousness.'

Yes, we are only beginning to appreciate the significance of all these important circumstances That is why my description was bound to turn out so obscure But now I can proceed. We describe all the forces that oppose the work of recovery as the patient's 'resistances'. The gain from illness is one such

resistance. The 'unconscious sense of guilt' represents the super-ego's resistance; it is the most powerful factor, and the one most dreaded by us. We meet with still other resistances during the treatment. If the ego during the early period has set up a repression out of fear, then the fear still persists and manifests itself as a resistance if the ego approaches the repressed material. And finally, as you can imagine, there are likely to be difficulties if an instinctual process which has been going along a particular path for whole decades is suddenly expected to take a new path that has just been made open for it. That might be called the id's resistance. The struggle against all these resistances is our main work during an analytic treatment; the task of making interpretations is nothing compared to it. But as a result of this struggle and of the overcoming of the resistances, the patient's ego is so much altered and strengthened that we can look forward calmly to his future behaviour when the treatment is over. On the other hand, you can understand now why we need such long treatments. The length of the path of development and the wealth of the material are not the decisive factors. It is more a question of whether the path is clear. An army can be held up for weeks on a stretch of country which in peace time an express train crosses in a couple of hours—if the army has to overcome the enemy's resistance there. Such battles call for time in mental life too. I am unfortunately obliged to tell you that every effort to hasten analytic treatment appreciably has hitherto failed. The best way of shortening it seems to be to carry it out according to the rules.

'If I ever felt any desire to poach on your preserves and try my hand at analysing someone else, what you tell me about the resistances would have cured me of it. But how about the special personal influence that you yourself have after all admitted? Does not that come into action against the resistances?'

It is a good thing you have asked me about that. This personal influence is our most powerful dynamic weapon. It is the new element which we introduce into the situation and by means of which we make it fluid. The intellectual content of our explanations cannot do it, for the patient, who shares all the prejudices of the world around him, need believe us as little as our scientific critics do. The neurotic sets to work because he has faith in the analyst, and he believes him because

he acquires a special emotional attitude towards the figure of the analyst. Children, too, only believe people they are attached to. I have already told you [p. 190] what use we make of this particularly large 'suggestive' influence. Not for suppressing the symptoms—thus distinguishes the analytic method from other psychotherapeutic procedures—but as a motive force to induce the patient to overcome his resistances.

'Well, and if that succeeds, does not everything then go smoothly?'

Yes, it ought to. But there turns out to be an unexpected complication. It was perhaps the greatest of the analyst's surprises to find that the emotional relation which the patient adopts towards him is of a quite peculiar nature. The very first doctor who attempted an analysis—it was not myself—came up against this phenomenon and did not know what to make of it. For this emotional relation is, to put it plainly, in the nature of falling in love. Strange, is it not? Especially when you take into account that the analyst does nothing to provoke it but on the contrary rather keeps at a distance from the patient, speaking humanly, and surrounds himself with some degree of reserve—when you learn besides that this odd love-relationship disregards anything else that is really propitious and every variation in personal attraction, age, sex or class. This love is of a positively compulsive kind. Not that that characteristic need be absent from spontaneous falling in love. As you know, the contrary is often the case. But in the analytic situation it makes its appearance with complete regularity without there being any rational explanation for it. One would have thought that the patient's relation to the analyst called for no more than a certain amount of respect, trust, gratitude and human sympathy. Instead, there is this falling in love, which itself gives the impression of being a pathological phenomenon.

'I should have thought all the same that it would be favourable for your analytic purposes. If someone is in love, he is amenable, and he will do anything in the world for the sake of the other person.'

Yes. It is favourable to start with. But when this falling in love has grown deeper, its whole nature comes to light, much of which is incompatible with the task of analysis. The patient's love is not satisfied with being obedient, it grows exacting, calls

for affectionate and sensual satisfactions, it demands exclusiveness, it develops jealousy, and it shows more and more clearly its reverse side, its readiness to become hostile and revengeful if it cannot obtain its ends. At the same time, like all falling in love, it drives away all other mental material, it extinguishes interest in the treatment and in recovery—in short, there can be no doubt that it has taken the place of the neurosis and that our work has had the result of driving out one form of illness with another.

'That does sound hopeless! What can be done about it? The analysis would have to be given up. But if, as you say, the same thing happens in every case, it would be impossible to carry through any analyses at all.'

We will begin by using the situation in order to learn something from it. What we learn may then perhaps help us to master it. Is it not an extremely noteworthy fact that we succeed in transforming every neurosis, whatever its content, into a condition of pathological love?

Our conviction that a portion of erotic life that has been abnormally employed lies at the basis of neuroses must be unshakeably strengthened by this experience. With this discovery we are once more on a firm footing and can venture to make this love itself the object of analysis. And we can make another observation. Analytic love is not manifested in every case as clearly and blatantly as I have tried to depict it. Why not? We can soon see. In proportion as the purely sensual and the hostile sides of his love try to show themselves, the patient's opposition to them is aroused. He struggles against them and tries to repress them before our very eyes. And now we understand what is happening. The patient is *repeating* in the form of falling in love with the analyst mental experiences which he has already been through once before; he has *transferred* on to the analyst mental attitudes that were lying ready in him and were intimately connected with his neurosis. He is also repeating before our eyes his old defensive actions; he would like best to repeat in his relation to the analyst *all* the history of that forgotten period of his life. So what he is showing us is the kernel of his intimate life history: *he is reproducing it tangibly, as though it were actually happening, instead of remembering it.* In this way the riddle of the transference-love is solved and the analysis can

proceed on its way – with the *help* of the new situation which had seemed such a menace to it.

'That is very cunning. And is the patient so easy to convince that he is not in love but only obliged to stage a revival of an old piece?'

Everything now depends on that. And the whole skill in handling the 'transference' is devoted to bringing it about. As you see, the requirements of analytic technique reach their maximum at this point. Here the gravest mistakes can be made or the greatest successes be registered. It would be folly to attempt to evade the difficulties by suppressing or neglecting the transference; whatever else had been done in the treatment, it would not deserve the name of an analysis. To send the patient away as soon as the inconveniences of his transference-neurosis make their appearance would be no more sensible, and would moreover be cowardly. It would be as though one had conjured up spirits and run away from them as soon as they appeared. Sometimes, it is true, nothing else is possible. There are cases in which one cannot master the unleashed transference and the analysis has to be broken off, but one must at least have struggled with the evil spirits to the best of one's strength. To yield to the demands of the transference, to fulfil the patient's wishes for affectionate and sensual satisfaction, is not only justly forbidden by moral considerations but is also completely ineffective as a technical method for attaining the purpose of the analysis. A neurotic cannot be cured by being enabled to reproduce uncorrected an unconscious stereotype plate that is ready to hand in him. If one engages in compromises with him by offering him partial satisfactions in exchange for his further collaboration in the analysis, one must beware of falling into the ridiculous situation of the cleric who was supposed to convert a sick insurance agent. The sick man remained unconverted but the cleric took his leave insured. The only possible way out of the transference situation is to trace it back to the patient's past, as he really experienced it or as he pictured it through the wish-fulfilling activity of his imagination. And this demands from the analyst much skill, patience, calm and self-abnegation.

'And where do you suppose the neurotic experienced the prototype of his transference-love?'

In his childhood, as a rule in his relation with one of his

parents. You will remember what importance we had to attribute to these earliest emotional ties. So here the circle closes.

'Have you finished at last? I am feeling just a little bewildered with all I have heard from you. Only tell me one thing more: how and where can one learn what is necessary for practising analysis?'

There are at the moment two Institutes at which instruction in psycho-analysis is given. The first has been founded in Berlin by Dr. Max Eitingon, who is a member of the Society there. The second is maintained by the Vienna Psycho-Analytical Society at its own expense and at considerable sacrifice. The part played by the authorities is at present limited to the many difficulties which they put in the way of the young undertaking. A third training Institute is at this moment being opened in London by the Society there, under the direction of Dr. Ernest Jones. At these Institutes the candidates themselves are taken into analysis, receive theoretical instruction by lectures on all the subjects that are important for them, and enjoy the supervision of older and more experienced analysts when they are allowed to make their first trials with comparatively slight cases. A period of some two years is calculated for this training. Even after this period, of course, the candidate is only a beginner and not yet a master. What is still needed must be acquired by practice and by an exchange of ideas in the psycho-analytical societies in which young and old members meet together. Preparation for analytic activity is by no means so easy and simple. The work is hard, the responsibility great. But anyone who has passed through such a course of instruction, who has been analysed himself, who has mastered what can be taught to-day of the psychology of the unconscious, who is at home in the science of sexual life, who has learnt the delicate technique of psycho-analysis, the art of interpretation, of fighting resistances and of handling the transference – anyone who has accomplished all this *is no longer a layman in the field of psycho-analysis*. He is capable of undertaking the treatment of neurotic disorders, and will be able in time to achieve in that field whatever can be required from this form of therapy.[1]

[1] [Much of the material in this chapter is derived, in some passages almost word for word, from Freud's earlier papers on technique (*Standard Ed.*, **12**).]

VI

'You have expended a great deal of effort on showing me what psycho-analysis is and what sort of knowledge is needed in order to practise it with some prospect of success. Very well. Listening to you can have done me no harm. But I do not know what influence on my judgement you expect your explanations to have. I see before me a case which has nothing unusual about it. The neuroses are a particular kind of illness and analysis is a particular method of treating them—a specialized branch of medicine. It is the rule in other cases as well for a doctor who has chosen a special branch of medicine not to be satisfied with the education that is confirmed by his diploma: particularly if he intends to set up in a fairly large town, such as can alone offer a livelihood to specialists. Anyone who wants to be a surgeon tries to work for a few years at a surgical clinic, and similarly with oculists, laryngologists and so on—to say nothing of psychiatrists, who are perhaps never able to get away from a state institution or a sanatorium. And the same will happen in the case of psycho-analysts: anyone who decides in favour of this new specialized branch of medicine will, when his studies are completed, take on the two years' training you spoke of in a training institute, if it really requires so much time. He will realize afterwards, too, that it is to his advantage to keep up his contact with his colleagues in a psycho-analytical society, and everything will go along swimmingly. I cannot see where there is a place in this for the question of lay analysis.'

A doctor who does what you have promised on his behalf will be welcome to all of us. Four-fifths of those whom I recognize as my pupils are in any case doctors. But allow me to point out to you how the relations of doctors to analysis have really developed and how they will probably continue to develop. Doctors have no historical claim to the sole possession of analysis. On the contrary, until recently they have met it with everything possible that could damage it, from the shallowest ridicule to the gravest calumny. You will justly reply that that belongs to the past and need not affect the future. I agree, but I fear the future will be different from what you have foretold.

Permit me to give the word 'quack' the meaning it ought to

have instead of the legal one. According to the law a quack is anyone who treats patients without possessing a state diploma to prove he is a doctor. I should prefer another definition: a quack is anyone who undertakes a treatment without possessing the knowledge and capacities necessary for it. Taking my stand on this definition, I venture to assert that not only in European countries – doctors form a preponderating contingent of quacks in analysis. They very frequently practise analytic treatment without having learnt it and without understanding it.

It is no use your objecting that that is unconscientious and that you cannot believe doctors capable of it; that after all a doctor knows that a medical diploma is not a letter of marque[1] and that a patient is not an outlaw; and that one must always grant to a doctor that he is acting in good faith even if he may perhaps be in error.

The facts remain; we will hope that they can be accounted for as you think. I will try to explain to you how it becomes possible for a doctor to act in connection with psycho-analysis in a manner which he would carefully avoid in every other field.

The first consideration is that in his medical school a doctor receives a training which is more or less the opposite of what he would need as a preparation for psycho-analysis. His attention has been directed to objectively ascertainable facts of anatomy, physics and chemistry, on the correct appreciation and suitable influencing of which the success of medical treatment depends. The problem of life is brought into his field of vision so far as it has hitherto been explained to us by the play of forces which can also be observed in inanimate nature. His interest is not aroused in the mental side of vital phenomena; medicine is not concerned with the study of the higher intellectual functions, which lies in the sphere of another faculty. Only psychiatry is supposed to deal with the disturbances of mental functions; but we know in what manner and with what aims it does so. It looks for the somatic determinants of mental disorders and treats them like other causes of illness.

Psychiatry is right to do so and medical education is clearly excellent. If it is described as one-sided, one must first discover the standpoint from which one is making that characteristic into

[1] [I.e. does not give him a privateer's licence.]

a reproach. In itself every science is one-sided. It must be so, since it restricts itself to particular subjects, points of view and methods. It is a piece of nonsense in which I would take no part to play off one science against another. After all, physics does not diminish the value of chemistry, it cannot take its place but on the other hand cannot be replaced by it. Psychoanalysis is certainly quite particularly one-sided, as being the science of the mental unconscious. We must not therefore dispute to the medical sciences their right to be one-sided.

We shall only find the standpoint we are in search of if we turn from scientific medicine to practical therapeutics. A sick person is a complicated organism. He may remind us that even the mental phenomena which are so hard to grasp should not be effaced from the picture of life. Neurotics, indeed, are an undesired complication, an embarrassment as much to therapeutics as to jurisprudence and to military service. But they exist and are a particular concern of medicine. Medical education, however, does nothing, literally nothing, towards their understanding and treatment. In view of the intimate connection between the things that we distinguish as physical and mental, we may look forward to a day when paths of knowledge and, let us hope, of influence will be opened up, leading from organic biology and chemistry to the field of neurotic phenomena. That day still seems a distant one, and for the present these illnesses are inaccessible to us from the direction of medicine.

It would be tolerable if medical education merely failed to give doctors any orientation in the field of the neuroses. But it does more: it gives them a false and detrimental attitude. Doctors whose interest has not been aroused in the psychical factors of life are all too ready to form a low estimate of them and to ridicule them as unscientific. For that reason they are unable to take anything really seriously which has to do with them and do not recognize the obligations which derive from them. They therefore fall into the layman's lack of respect for psychological research and make their own task easy for themselves.—No doubt neurotics have to be treated, since they are sick people and come to the doctor; and one must always be ready to experiment with something new. But why burden oneself with a tedious preparation? We shall manage all right;

who can tell if what they teach in the analytic institutes is any good?—The less such doctors understand about the matter, the more venturesome they become. Only a man who really knows is modest, for he knows how insufficient his knowledge is.

The comparison which you brought up to pacify me, between specialization in analysis and in other branches of medicine, is thus not applicable. For surgery, ophthalmology, and so on, the medical school itself offers an opportunity for further education. The analytic training institutes are few in number, young in years, and without authority. The medical schools have not recognized them and take no notice of them. The young doctor, who has had to take so much on trust from his teachers that he has had little occasion for educating his judgement, will gladly seize an occasion for playing the part of a critic for once in a field in which there is as yet no recognized authority.

There are other things too that favour his appearing as an analytic quack. If he tried to undertake eye-operations without sufficient preparation, the failure of his cataract extractions and iridectomies and the absence of patients would soon bring his hazardous enterprise to an end. The practice of analysis is comparatively safe for him. The public is spoilt by the average successful outcome of eye-operations and expects cure from the surgeon. But if a 'nerve-specialist' fails to restore his patients no one is surprised. People have not been spoilt by successes in the therapy of the neuroses; the nerve-specialist has at least 'taken a lot of trouble with them'. Indeed, there is not much that can be done; nature must help, or time. With women there is first menstruation, then marriage, and later on the menopause. Finally death is a real help. Moreover, what the medical analyst has done with his neurotic patient is so inconspicuous that no reproach can attach to it. He has made use of no instruments or medicines; he has merely conversed with him and tried to talk him into or out of something. Surely that can do no harm, especially if he avoids touching on distressing or agitating subjects. The medical analyst, who has avoided any strict teaching, will, no doubt, not have omitted an attempt to improve analysis, 'to pull out its poison fangs and make it pleasant for the patient. And it will be wise for him to stop there; for if he really ventures to call up resistances and then

does not know how to meet them, he may in true earnest make himself unpopular.

Honesty compels me to admit that the activity of an untrained analyst does less harm to his patients than that of an unskilled surgeon. The possible damage is limited to the patient having been led into useless expenditure and having his chances of recovery removed or diminished. Furthermore, the reputation of analytic therapy has been lowered. All this is most undesirable, but it bears no comparison with the dangers that threaten from the knife of a surgical quack. In my judgement, severe or permanent aggravations of a pathological condition are not to be feared even with an unskilled use of analysis. The unwelcome reactions cease after a while. Compared with the traumas of life which have provoked the illness, a little mishandling by the doctor is of no account. It is simply that the unsuitable attempt at a cure has done the patient no good.

'I have listened to your account of the medical quack in analysis without interrupting you, though I formed an impression that you are dominated by a hostility against the medical profession to the historical explanation of which you yourself have pointed the way. But I will grant you one thing: if analyses are to be carried out, it should be by people who have been thoroughly trained for it. And do you not think that with time the doctors who turn to analysis will do everything to obtain that training?'

I fear not. So long as the attitude of the medical school to the analytic training institute remains unaltered, doctors will find the temptation to make things easier for themselves too great.

'But you seem to be consistently evading any direct pronouncement on the question of lay analysis. What I guess now is that, because it is impossible to keep a check on doctors who want to analyse, you are proposing, out of revenge, as it were, to punish them by depriving them of their monopoly in analysis and by throwing open this medical activity to laymen as well.'

I cannot say whether you have guessed my motives correctly. Perhaps I shall be able later on to put evidence before you of a less partial attitude. But I lay stress on the demand that *no one should practise analysis who has not acquired the right to do so by a particular training*. Whether such a person is a doctor or not seems to me immaterial.

'Then what definite proposals have you to make?'

I have not got so far as that yet, and I cannot tell whether I shall get there at all. I should like to discuss another question with you, and first of all to touch on one special point. It is said that the authorities, at the instigation of the medical profession, want to forbid the practice of analysis by laymen altogether. Such a prohibition would also affect the non-medical members of the Psycho-Analytical Society, who have enjoyed an excellent training and have perfected themselves greatly by practice. If the prohibition were enacted, we should find ourselves in a position in which a number of people are prevented from carrying out an activity which one can safely feel convinced they can perform very well, while the same activity is opened to other people for whom there is no question of a similar guarantee. That is not precisely the sort of result to which legislation should lead. However, this special problem is neither very important nor difficult to solve. Only a handful of people are concerned, who cannot be seriously damaged. They will probably emigrate to Germany where no legislation will prevent them from finding recognition for their proficiency. If it is desired to spare them this and to mitigate the law's severity, that can easily be done on the basis of some well-known precedents. Under the Austrian Monarchy it repeatedly happened that permission was given to notorious quacks, *ad personam* [personally], to carry out medical activities in certain fields, because people were convinced of their real ability. Those concerned were for the most part peasant healers, and their recommendation seems regularly to have been made by one of the Archduchesses who were once so numerous; but it ought to be possible for it also to be done in the case of town-dwellers and on the basis of a different and merely expert guarantee. Such a prohibition would have more important effects on the Vienna analytic training institute, which would thenceforward be unable to accept any candidates for training from non-medical circles. Thus once again in our country a line of intellectual activity would be suppressed which is allowed to develop freely elsewhere. I am the last person to claim any competence in judging laws and regulations. But this much I can see: that to lay emphasis on our quackery law does not lead in the direction of the approach to conditions in

Germany which is so much aimed at to-day,[1] and that the application of that law to the case of psycho-analysis has something of an anachronism about it, since at the time of its enactment there was as yet no such thing as analysis and the peculiar nature of neurotic illnesses was not yet recognized.

I come now to a question the discussion of which seems to me more important. Is the practice of psycho-analysis a matter which should in general be subject to official interference, or would it be more expedient to leave it to follow its natural development? I shall certainly not come to any decision on this point here and now, but I shall take the liberty of putting the problem before you for your consideration. In our country from of old a positive *furor prohibendi* [passion for prohibitions] has been the rule, a tendency to keep people under tutelage, to interfere and to forbid, which, as we all know, has not borne particularly good fruit. In our new republican Austria, it seems, things have not yet changed very much. I fancy you will have an important word to say in deciding the case of psycho-analysis which we are now considering; I do not know whether you have the wish or the influence with which to oppose these bureaucratic tendencies. At all events, I shall not spare you my unauthoritative thoughts on the subject. In my opinion a superabundance of regulations and prohibitions injures the authority of the law. It can be observed that where only a few prohibitions exist they are carefully observed, but where one is accompanied by prohibitions at every step, one feels definitely tempted to disregard them. Moreover, it does not mean one is quite an anarchist if one is prepared to realize that laws and regulations cannot from their origin claim to possess the attribute of being sacred and untransgressable, that they are often inadequately framed and offend our sense of justice, or will do so after a time, and that, in view of the sluggishness of the authorities, there is often no other means of correcting such inexpedient laws than by boldly violating them. Furthermore, if one desires to maintain respect for laws and regulations it is advisable not to enact any where a watch cannot easily be kept on whether they are obeyed or transgressed. Much of what I have quoted above on the practice of analysis by doctors could be repeated here in regard to genuine analysis by laymen which

[1] [This of course was in the days of the Weimar republic.]

the law is seeking to suppress. The course of an analysis is most inconspicuous, it employs neither medicines nor instruments and consists only in talking and an exchange of information, it will not be easy to prove that a layman is practising 'analysis', if he asserts that he is merely giving encouragement and explanations and trying to establish a healthy human influence on people who are in search of mental assistance. It would surely not be possible to forbid that merely because doctors sometimes do the same thing. In English speaking countries the practices of Christian Science have become very widespread: a kind of dialectical denial of the evils in life, based on an appeal to the doctrines of the Christian religion. I do not hesitate to assert that that procedure represents a regrettable aberration of the human spirit; but who in America or England would dream of forbidding it and making it punishable? Are the authorities so certain of the right path to salvation that they venture to prevent each man from trying 'to be saved after his own fashion'.[1] And granted that many people if they are left to themselves run into danger and come to grief, would not the authorities do better carefully to mark the limits of the regions which are to be regarded as not to be trespassed upon, and for the rest, so far as possible, to allow human beings to be educated by experience and mutual influence? Psycho-analysis is something so new in the world, the mass of mankind is so little instructed about it, the attitude of official science to it is still so vacillating, that it seems to me over-hasty to intervene in its development with legislative regulations. Let us allow patients themselves to discover that it is damaging to them to look for mental assistance to people who have not learnt how to give it. If we explain this to them and warn them against it, we shall have spared ourselves the need to forbid it. On the main roads of Italy the pylons that carry high-tension cables bear the brief and impressive inscription '*Chi tocca, muore* [He who touches will die].' This is perfectly calculated to regulate the behaviour of passers-by to any wires that may be hanging down. The corresponding German notices exhibit an unnecessary and offensive verbosity. '*Das Berühren der Leitungsdrähte ist, weil*

[1] ['*Nach seiner Façon selig zu werden*.' The saying, '*In meinem Staate kann jeder nach seiner Façon selig werden*' 'In my State every man can be saved after his own fashion'), is attributed to Frederick the Great.]

lebensgefährlich, strengstens verboten [Touching the transmission cables is, since it is dangerous to life, most strictly prohibited].' Why the prohibition? Anyone who holds his life dear will make the prohibition for himself, and anyone who wants to kill himself in that way will not ask for permission.

'But there are instances that can be quoted as legal precedents against allowing lay analysis; I mean the prohibition against laymen practising hypnotism and the recently enacted prohibition against holding spiritualist seances or founding spiritualist societies.'

I cannot say that I am an admirer of these measures. The second one is a quite undisguised encroachment of police supervision to the detriment of intellectual freedom. I am beyond suspicion of having much belief in what are known as 'occult phenomena' or of feeling any desire that they should be recognized. But prohibitions like these will not stifle people's interest in that supposedly mysterious world. They may on the contrary have done much harm and have closed the door to an impartial curiosity which might have arrived at a judgement that would have set us free from these harassing possibilities. But once again this only applies to Austria. In other countries 'parapsychical' researches are not met by any legal obstacles. The case of hypnotism is somewhat different from that of analysis. Hypnotism is the evoking of an abnormal mental state and is used by laymen to-day only for the purpose of public shows. If hypnotic therapy had maintained its very promising beginnings, a position would have been arrived at similar to that of analysis. And incidentally the history of hypnotism provides a precedent for that of analysis in another direction. When I was a young lecturer in neuropathology, the doctors inveighed passionately against hypnotism, declared that it was a swindle, a deception of the Devil's and a highly dangerous procedure. To-day they have monopolized this same hypnotism and they make use of it unhesitatingly as a method of examination, for some nerve specialists it is still their chief therapeutic instrument.

But I have already told you that I have no intention of making proposals which are based on the decision as to whether legal control or letting things go is to be preferred in the matter of analysis. I know this is a question of principle on the reply to which the inclinations of persons in authority will probably

have more influence than arguments. I have already set out what seems to me to speak in favour of a policy of *laissez faire*. If the other decision is taken for a policy of active intervention —then it seems to me that in any case a lame and unjust measure of ruthlessly forbidding analysis by non-doctors will be an insufficient outcome. More will have to be considered in that case: the conditions will have to be laid down under which the practice of analysis shall be permitted to all those who seek to make use of it, an authority will have to be set up from whom one can learn what analysis is and what sort of preparation is needed for it, and the possibilities for instruction in analysis will have to be encouraged. We must therefore either leave things alone or establish order and clarity; we must not rush into a complicated situation with a single isolated prohibition derived mechanically from a regulation that has become inadequate.

VII

'Yes, but the doctors! the doctors! I cannot induce you to go into the real subject of our conversations. You still keep on evading me. It is a question of whether we should not give doctors the exclusive right of practising analysis – for all I care, after they have fulfilled certain conditions. The majority of doctors are certainly not quacks in analysis as you have represented them. You say yourself that the great majority of your pupils and followers are doctors. It has come to my ears that they are far from sharing your point of view on the question of lay analysis. I may no doubt assume that your pupils agree with your demands for sufficient preparation and so on; and yet these pupils think it consistent to close the practice of analysis to laymen. Is that so? and if so, how do you explain it?'

I see you are well informed. Yes, it is so. Not all, it is true, but a good proportion of my medical colleagues do not agree with me over this, and are in favour of doctors having an exclusive right to the analytic treatment of neurotics. This will show you that differences of opinion are allowed even in our camp. The side I take is well known and the contradiction on the subject of lay analysis does not interfere with our good understanding. How can I explain the attitude of these pupils of mine to you? I do not know for certain; I think it must be the power of professional feeling. The course of their development has been different from mine, they still feel uncomfortable in their isolation from their colleagues, they would like to be accepted by the 'profession' [1] as having plenary rights, and are prepared, in exchange for that tolerance, to make a sacrifice at a point whose vital importance is not obvious to them. Perhaps it may be otherwise; to impute motives of competition to them would be not only to accuse them of base sentiments but also to attribute a strange shortsightedness to them. They are always ready to introduce other doctors into analysis, and from a material point of view it must be a matter of indifference to them whether they have to share the available patients with medical colleagues or with laymen. But something different probably plays a part. These pupils of mine may be influenced

[1] [The word is in English in the original.]

by certain factors which guarantee a doctor an undoubted advantage over a layman in analytic practice.

'Guarantee him an advantage? There we have it. So you are admitting the advantage at last? This should settle the question.'

The admission is not hard for me to make. It may show you that I am not so passionately prejudiced as you suppose. I have put off mentioning these things because their discussion will once again make theoretical considerations necessary.

'What are you thinking of now?'

First there is the question of diagnosis. When one takes into analysis a patient suffering from what are described as nervous disorders, one wishes beforehand to be certain—so far, of course, as certainty can be attained—that he is suited for this kind of treatment, that one can help him, that is to say, by this method. That, however, is only the case if he really has a neurosis.

'I should have thought that would be recognizable from the phenomena, the symptoms, of which he complains.'

This is where a fresh complication arises. It cannot always be recognized with complete certainty. The patient may exhibit the external picture of a neurosis, and yet it may be something else—the beginning of an incurable mental disease or the preliminary of a destructive process in the brain. The distinction—the differential diagnosis—is not always easy and cannot be made immediately in every phase. The responsibility for such a decision can of course only be undertaken by a doctor. As I have said, it is not always easy for him. The illness may have an innocent appearance for a considerable time, till in the end it after all displays its evil character. Indeed, it is one of the regular fears of neurotics that they may become insane. However, if a doctor has been mistaken for a time over a case of this sort or has been in uncertainty about it, no harm has been caused and nothing unnecessary has been done. Nor indeed would the analytic treatment of this case have done any harm, though it would have been exposed as an unnecessary waste. And moreover there would certainly be enough people who would blame the analysis for the unfortunate outcome. Unjustly, no doubt, but such occasions ought to be avoided.

'But that sounds hopeless. It strikes at the roots of every-

thing you have told me about the nature and origin of a neurosis.'

Not at all. It merely confirms once again the fact that neurotics are a nuisance and an embarrassment for all concerned —including the analysts. But perhaps I shall clear up your confusion if I state my new information in more correct terms. It would probably be more correct to say of the cases we are now dealing with that they have readily developed a neurosis, but that it is not psychogenic but somatogenic —that its causes are not mental but physical. Do you understand?

'Oh, yes, I understand. But I cannot bring it into harmony with the other side, the psychological one.'

That can be managed, though, if one bears in mind the complexities of living substance. In what did we find the essence of a neurosis? In the fact that the ego, the higher organization of the mental apparatus (elevated through the influence of the external world), is not able to fulfil its function of mediating between the id and reality, that in its feebleness it draws back from some instinctual portions of the id and, to make up for this, has to put up with the consequences of its renunciation in the form of restrictions, symptoms and unsuccessful reaction-formations.

A feebleness of the ego of this sort is to be found in all of us in childhood, and that is why the experiences of the earliest years of childhood are of such great importance for later life. Under the extraordinary burden of this period of childhood – we have in a few years to cover the enormous developmental distance between stone-age primitive men and the participants in contemporary civilization, and, at the same time and in particular, we have to fend off the instinctual impulses of the early sexual period – under this burden, then, our ego takes refuge in repression and lays itself open to a childhood neurosis, the precipitate of which it carries with it into maturity as a disposition to a later nervous illness. Everything now depends on how the growing organism is treated by fate. If life becomes too hard, if the gulf between instinctual claims and the demands of reality becomes too great, the ego may fail in its efforts to reconcile the two, and the more readily, the more it is inhibited by the disposition carried over by it from infancy. The process of repression is then repeated, the instincts tear themselves away

from the ego's domination, find their substitutive satisfactions along the paths of regression, and the poor ego has become helplessly neurotic.

Only let us hold fast to this: the nodal point and pivot of the whole situation is the relative strength of the ego organization. We shall then find it easy to complete our aetiological survey. As what may be called the normal causes of neurotic illness we already know the feebleness of the childhood ego, the task of dealing with the early sexual impulses and the effects of the more or less chance experiences of childhood. Is it not possible, however, that yet other factors play a part, derived from the time before the beginning of the child's life? For instance, an innate strength and unruliness of the instinctual life in the id, which from the outset sets the ego tasks too hard for it? Or a special developmental feebleness of the ego due to unknown reasons? Such factors must of course acquire an aetiological importance, in some cases a transcendent one. We have invariably to reckon with the instinctual strength of the id, if it has developed to excess, the prospects of our therapy are poor. We still know too little of the causes of a developmental inhibition of the ego. These then would be the cases of neurosis with an essentially constitutional basis. Without some such constitutional, congenital favouring factors a neurosis can, no doubt, scarcely come about.

But if the relative feebleness of the ego is the decisive factor for the genesis of a neurosis, it must also be possible for a later physical illness to produce a neurosis, provided that it can bring about an enfeeblement of the ego. And that, once again, is very frequently found. A physical disorder of this kind can affect the instinctual life in the id and increase the strength of the instincts beyond the limit up to which the ego is capable of coping with them. The normal model of such processes is perhaps the alteration in women caused by the disturbances of menstruation and the menopause. Or again, a general somatic illness, indeed an organic disease of the nervous central organ, may attack the nutritional conditions of the mental apparatus and compel it to reduce its functioning and to bring to a halt its more delicate workings, one of which is the maintenance of the ego organization. In all these cases approximately the same picture of neurosis emerges, neurosis always has the same

psychological mechanism, but, as we see, a most varied and often very complex aetiology.

'You please me better now. You have begun talking like a doctor at last. And now I expect you to admit that such a complicated medical affair as a neurosis can only be handled by a doctor.'

I fear you are overshooting the mark. What we have been discussing was a piece of pathology, what we are concerned with in analysis is a therapeutic procedure. I allow—no, I insist—that in every case which is under consideration for analysis the diagnosis shall be established first by a doctor. Far the greater number of neuroses which occupy us are fortunately of a psychogenic nature and give no grounds for pathological suspicions. Once the doctor has established this, he can confidently hand over the treatment to a lay analyst. In our analytical societies matters have always been arranged in that way. Thanks to the intimate contact between medical and non-medical members, mistakes such as might be feared have been as good as completely avoided. There is a further contingency, again, in which the analyst has to ask the doctor's help. In the course of an analytic treatment, symptoms—most often physical symptoms—may appear about which one is doubtful whether they should be regarded as belonging to the neurosis or whether they should be related to an independent organic illness that has intervened. The decision on this point must once again be left to a doctor.

'So that even during the course of an analysis a lay analyst cannot do without a doctor. A fresh argument against their fitness.'

No. No argument against lay analysts can be manufactured out of this possibility, for in such circumstances a medical analyst would not act differently.

'I do not understand that.'

There is a technical rule that an analyst, if dubious symptoms like this emerge during the treatment, shall not submit them to his own judgement but shall get them reported upon by a doctor who is not connected with analysis—a consultant physician, perhaps—even if the analyst himself is a doctor and still well versed in his medical knowledge.

'And why should a rule be made that seems to me so uncalled-for?'

It is not uncalled-for; in fact there are several reasons for it. In the first place it is not a good plan for a combination of organic and psychical treatment to be carried out by one and the same person. Secondly the relation in the transference may make it inadvisable for the analyst to examine the patient physically. And thirdly the analyst has every reason for doubting whether he is unprejudiced, since his interests are directed so intensely to the psychical factors.

'I now understand your attitude to lay analysis quite clearly. You are determined that there must be lay analysts. And since you cannot dispute their inadequacy for their task, you are scraping together everything you can to excuse them and make their existence easier. But I cannot in the least see why there should be lay analysts, who, after all, can only be therapists of the second class. I am ready, so far as I am concerned, to make an exception in the case of the few laymen who have already been trained as analysts; but no fresh ones should be created and the training institutes should be put under an obligation to take no more laymen into training.'

I am at one with you, if it can be shown that all the interests involved will be served by this restriction. You will agree that these interests are of three sorts: that of the patients, that of the doctors and last not least[1]—that of science, which indeed comprises the interests of all future patients. Shall we examine these three points together?

For the patient, then, it is a matter of indifference whether the analyst is a doctor or not, provided only that the danger of his condition being misunderstood is excluded by the necessary medical report before the treatment begins and on some possible occasions during the course of it. For him it is incomparably more important that the analyst should possess personal qualities that make him trustworthy, and that he should have acquired the knowledge and understanding as well as the experience which alone can make it possible for him to fulfil his task. It might be thought that it would damage an analyst's authority if the patient knows that he is not a doctor and cannot in some situations do without a doctor's support. We have, of course, never omitted to inform patients of their analyst's qualification, and we have been able to convince ourselves that

[1] [In English in the original.]

professional prejudices find no echo in them and that they are ready to accept a cure from whatever direction it is offered them—which, incidentally, the medical profession discovered long ago to its deep mortification. Nor are the lay analysts who practise analysis to-day any chance collection of riff-raff, but people of academic education, doctors of philosophy, educationalists, together with a few women of great experience in life and outstanding personality. The analysis, to which all the candidates in an analytic training institute have to submit, is at the same time the best means of forming an opinion of their personal aptitude for carrying out their exacting occupation.

Now as to the interest of the doctors. I cannot think that it would gain by the incorporation of psycho-analysis into medicine. The medical curriculum already lasts for five years and the final examinations extend well into a sixth year. Every few years fresh demands are made on the student, without the fulfilment of which his equipment for the future would have to be declared insufficient. Access to the medical profession is very difficult and its practice neither very satisfying nor very remunerative. If one supports what is certainly a fully justified demand that doctors should also be familiar with the mental side of illness, and if on that account one extends medical education to include some preparation for analysis, that implies a further increase in the curriculum and a corresponding prolongation of the period of study. I do not know whether the doctors will be pleased by this consequence of their claim upon analysis. But it can scarcely be escaped. And this at a period in which the conditions of material existence have so greatly deteriorated for the classes from which doctors are recruited, a period in which the younger generation sees itself compelled to make itself self-supporting as early in life as possible.

But perhaps you will choose not to burden medical studies with the preparation for analytic practice but think it more expedient for future analysts to take up their necessary training only after the end of their medical studies. You may say the loss of time involved in this is of no practical account, since after all a young man of less than thirty will never enjoy his patients' confidence, which is a *sine qua non* of giving mental assistance. It might no doubt be said in reply that a newly-fledged physician for physical illnesses cannot count upon being

treated by his patients with very great respect either, and that a young analyst might very well fail in his time by working in a psycho-analytic out-patient clinic under the supervision of experienced practitioners.

But what seems to me more important is that with this proposal of yours you are giving support to a waste of energy for which, in these difficult times, I can really find no economic justification. Analytic training, it is true, cuts across the field of medical education, but neither includes the other. If—which may sound fantastic to-day—one had to found a college of psycho-analysis, much would have to be taught in it which is also taught by the medical faculty: alongside of depth-psychology, which would always remain the principal subject, there would be an introduction to biology, as much as possible of the science of sexual life, and familiarity with the symptomatology of psychiatry. On the other hand, analytic instruction would include branches of knowledge which are remote from medicine and which the doctor does not come across in his practice: the history of civilization, mythology, the psychology of religion and the science of literature. Unless he is well at home in these subjects, an analyst can make nothing of a large amount of his material. By way of compensation, the great mass of what is taught in medical schools is of no use to him for his purposes. A knowledge of the anatomy of the tarsal bones, of the constitution of the carbohydrates, of the course of the cranial nerves, a grasp of all that medicine has brought to light on bacillary exciting causes of disease and the means of combating them, on serum reactions and on neoplasms—all of this knowledge, which is undoubtedly of the highest value in itself, is nevertheless of no consequence to him; it does not concern him; it neither helps him directly to understand a neurosis and to cure it nor does it contribute to a sharpening of those intellectual capacities on which his occupation makes the greatest demands. It cannot be objected that the case is much the same when a doctor takes up some other special branch of medicine—dentistry, for instance. in that case, too, he may not need some of what he has to pass examinations in, and he will have to learn much in addition, for which his schooling has not prepared him. But the two cases cannot be put on a par. In dentistry the great principles of pathology—the theories of

inflammation, suppuration, necrosis, and of the metabolism of the bodily organs—still retain their importance. But the experience of an analyst lies in another world, with other phenomena and other laws. However much philosophy may ignore the gulf between the physical and the mental, it still exists for our immediate experience and still more for our practical endeavours.

It is unjust and inexpedient to try to compel a person who wants to set someone else free from the torment of a phobia or an obsession to take the roundabout road of the medical curriculum. Nor will such an endeavour have any success, unless it results in suppressing analysis entirely. Imagine a landscape in which two paths lead to a hilltop with a view—one short and straight, the other long, winding and circuitous. You try to stop up the short path by a prohibitory notice, perhaps because it passes by some flower-beds that you want to protect. The only chance you have of your prohibition being respected is if the short path is steep and difficult while the longer one leads gently up. If, however, that is not so, and the roundabout path is on the contrary the harder, you may imagine the use of your prohibition and the fate of your flower-beds! I fear you will succeed in compelling the laymen to study medicine just as little as I shall be able to induce doctors to learn analysis. For you know human nature as well as I do.

'If you are right, that analytic treatment cannot be carried out without special training, but that the medical curriculum cannot bear the further burden of a preparation for it, and that medical knowledge is to a great extent unnecessary for an analyst, how shall we achieve the ideal physician who shall be equal to all the tasks of his calling?'

I cannot foresee the way out of these difficulties, nor is it my business to point it out. I see only two things, first that analysis is an embarrassment to you and that the best thing would be for it not to exist—though neurotics, no doubt, are an embarrassment too; and secondly, that the interests of everyone concerned would for the time being be met if the doctors could make up their minds to tolerate a class of therapists which would relieve them of the tedium of treating the enormously common psychogenic neuroses while remaining in constant touch with them to the benefit of the patients.

'Is that your last word on the subject? or have you something more to say?'

Yes indeed. I wanted to bring up a third interest—the interest of science. What I have to say about that will concern you little; but, by comparison, it is of all the more importance to me.

For we do not consider it at all desirable for psycho-analysis to be swallowed up by medicine and to find its last resting-place in a text-book of psychiatry under the heading 'Methods of Treatment', alongside of procedures such as hypnotic suggestion, autosuggestion, and persuasion, which, born from our ignorance, have to thank the laziness and cowardice of mankind for their short-lived effects. It deserves a better fate and, it may be hoped, will meet with one. As a 'depth-psychology', a theory of the mental unconscious, it can become indispensable to all the sciences which are concerned with the evolution of human civilization and its major institutions such as art, religion and the social order. It has already, in my opinion, afforded these sciences considerable help in solving their problems. But these are only small contributions compared with what might be achieved if historians of civilization, psychologists of religion, philologists and so on would agree themselves to handle the new instrument of research which is at their service. The use of analysis for the treatment of the neuroses is only one of its applications; the future will perhaps show that it is not the most important one. In any case it would be wrong to sacrifice all the other applications to this single one, just because it touches on the circle of medical interests.

For here a further prospect stretches ahead, which cannot be encroached upon with impunity. If the representatives of the various mental sciences are to study psycho-analysis so as to be able to apply its methods and angles of approach to their own material, it will not be enough for them to stop short at the findings which are laid down in analytic literature. They must learn to understand analysis in the only way that is possible—by themselves undergoing an analysis. The neurotics who need analysis would thus be joined by a second class of persons, who accept analysis from intellectual motives, but who will no doubt also welcome the increase in their capacities which they will incidentally achieve. To carry out these analyses a number of

analysts will be needed, for whom any medical knowledge will have particularly little importance But these 'teaching analysts' —let us call them —will require to have had a particularly careful education. If this is not to be stunted, they must be given an opportunity of collecting experience from instructive and informative cases; and since healthy people who also lack the motive of curiosity do not present themselves for analysis, it is once more only upon neurotics that it will be possible for the teaching analysts—under careful supervision—to be educated for their subsequent non-medical activity. All this, however, requires a certain amount of freedom of movement, and is not compatible with petty restrictions.

Perhaps you do not believe in these purely theoretical interests of psycho-analysis or cannot allow them to affect the practical question of lay analysis. Then let me advise you that psycho-analysis has yet another sphere of application, which is outside the scope of the quackery law and to which the doctors will scarcely lay claim. Its application, I mean, to the bringing-up of children. If a child begins to show signs of an undesirable development, if it grows moody, refractory and inattentive, the paediatrician and even the school doctor can do nothing for it, even if the child produces clear neurotic symptoms, such as nervousness, loss of appetite, vomiting or insomnia. A treatment that combines analytic influence with educational measures, carried out by people who are not ashamed to concern themselves with the affairs in a child's world, and who understand how to find their way into a child's mental life, can bring about two things at once: the removal of the neurotic symptoms and the reversal of the change in character which had begun. Our recognition of the importance of these inconspicuous neuroses of children as laying down the disposition for serious illnesses in later life points to these child analyses as an excellent method of prophylaxis. Analysis undeniably still has its enemies. I do not know whether they have means at their command for stopping the activities of these educational analysts or analytic educationalists. I do not think it very likely, but one can never feel too secure.

Moreover, to return to our question of the analytic treatment of adult neurotics, even there we have not yet exhausted every line of approach. Our civilization imposes an almost intolerable

pressure on us and it calls for a corrective. Is it too fantastic to expect that psycho-analysis in spite of its difficulties may be destned to the task of preparing mankind for such a corrective? Perhiaps once more an American may hit on the idea of spending a little money to get the 'social workers' [1] of his country trained analytically and to turn them into a band of helpers for combating the neuroses of civilization.

'Aha! a new kind of Salvation Army!'

Why not? Our imagination always follows patterns. The stream of eager learners who will then flow to Europe will be obliged to pass Vienna by, for here the development of analysis may have succumbed to a premature trauma of prohibition. You smile? I am not saying this as a bribe for your support. Not in the least. I know you do not believe me; nor can I guarantee that it will happen. But one thing I do know. It is by no means so important what decision you give on the question of lay analysis. It may have a local effect. But the things that really matter—the possibilities in psycho-analysis for *internal* development—can never be affected by regulations and prohibitions.

[In English in the original.]

POSTSCRIPT

(1927)

THE immediate occasion of my writing the small volume which was the starting-point of the present discussion was a charge of quackery brought against a non-medical member of our Society, Dr. Theodor Reik, in the Vienna Courts. It is generally known, I think, that after all the preliminary proceedings had been completed and a number of expert opinions had been received, the charge was dropped. I do not believe that this was a result of my book. No doubt the prosecution's case was too weak, and the person who brought the charge as an aggrieved party proved an untrustworthy witness. So that the quashing of the proceedings against Dr. Reik is probably not to be regarded as a considered judgement of the Vienna Courts on the general question of lay analysis. When I drew the figure of the 'Impartial Person' who was my interlocutor in my tract, I had before my mind one of our high officials. This was a man with a friendly attitude and a mind of unusual integrity, to whom I had myself talked about Reik's case and for whom I had, at his request, written a confidential opinion on the subject. I knew I had not succeeded in converting him to my views, and that was why I made my dialogue with the Impartial Person end without agreement too.

Nor did I expect that I should succeed in bringing about unanimity in the attitude of analysts themselves towards the problem of lay analysis. Anyone who compares the views expressed by the Hungarian Society in this discussion with those of the New York group will perhaps conclude that my book has produced no effect whatever and that everyone persists in his former opinion. But I do not believe this either. I think that many of my colleagues have modified their extreme *parti pris* and that the majority have accepted my view that the problem of lay analysis ought not to be decided along the lines of traditional usage but that it arises from a novel situation and therefore demands a fresh judgement.

Again, the turn which I gave to the whole discussion seems to have met with approval. My main thesis was that the

important question is not whether an analyst possesses a medical diploma but whether he has had the special training necessary for the practice of analysis. This served as the starting-point for a discussion, which was eagerly embarked upon, as to what is the training most suitable for an analyst. My own view was and still remains that it is not the training prescribed by the University for future doctors. What is known as medical education appears to me to be an arduous and circuitous way of approaching the profession of analysis. No doubt it offers an analyst much that is indispensable to him. But it burdens him with too much else of which he can never make use, and there is a danger of its diverting his interest and his whole mode of thought from the understanding of psychical phenomena. A scheme of training for analysts has still to be created. It must include elements from the mental sciences, from psychology, the history of civilization and sociology, as well as from anatomy, biology and the study of evolution. There is so much to be taught in all this that it is justifiable to omit from the curriculum anything which has no direct bearing on the practice of analysis and only serves indirectly (like any other study) as a training for the intellect and for the powers of observation. It is easy to meet this suggestion by objecting that analytic colleges of this kind do not exist and that I am merely setting up an ideal. An ideal, no doubt. But an ideal which can and must be realized. And in our training institutes, in spite of all their youthful insufficiencies, that realization has already begun.

It will not have escaped my readers that in what I have said I have assumed as axiomatic something that is still violently disputed in the discussion. I have assumed, that is to say, that psycho-analysis is not a specialized branch of medicine. I cannot see how it is possible to dispute this. Psycho-analysis is a part of psychology; not of medical psychology in the old sense, not of the psychology of morbid processes, but simply of psychology. It is certainly not the whole of psychology, but its substructure and perhaps even its entire foundation. The possibility of its application to medical purposes must not lead us astray. Electricity and radiology also have their medical application, but the science to which they both belong is none the less physics. Nor can their situation be affected by historical arguments. The whole theory of electricity had its origin in an observation of a

nerve-muscle preparation, yet no one would dream to-day of regarding it as a part of physiology. It is argued that psycho-analysis was after all discovered by a physician in the course of his efforts to assist his patients. But that is clearly neither here nor there. Moreover, the historical argument is double-edged. We might pursue the story and recall the unfriendliness and indeed the animosity with which the medical profession treated analysis from the very first. That would seem to imply that it can have no claims over analysis to-day. And though I do not accept that implication, I still feel some doubts as to whether the present wooing of psycho-analysis by the doctors is based, from the point of view of the libido theory, upon the first or upon the second of Abraham's sub-stages[1] whether they wish to take possession of their object for the purpose of destroying or of preserving it.

I should like to consider the historical argument a moment longer. Since it is with me personally that we are concerned, I can throw a little light, for anyone who may be interested, on my own motives. After forty-one years of medical activity, my self-knowledge tells me that I have never really been a doctor in the proper sense. I became a doctor through being compelled to deviate from my original purpose; and the triumph of my life lies in my having, after a long and roundabout journey, found my way back to my earliest path. I have no knowledge of having had any craving in my early childhood to help suffering humanity. My innate sadistic disposition was not a very strong one, so that I had no need to develop this one of its derivatives. Nor did I ever play the 'doctor game'; my infantile curiosity evidently chose other paths. In my youth I felt an overpowering need to understand something of the riddles of the world in which we live and perhaps even to contribute something to their solution. The most hopeful means of achieving this end seemed to be to enrol myself in the medical faculty; but even after that I experimented unsuccessfully—with zoology and chemistry, till at last, under the influence of Brucke, who carried more weight with me than any one else in my whole life, I settled down to physiology, though in those days it was too narrowly restricted to histology. By that time I had already passed all my medical examinations, but I took

[1] [Cf. Abraham (1924), English translation, 1927, 450 f.]

no interest in anything to do with medicine till the teacher whom I so deeply respected warned me that in view of my impoverished material circumstances I could not possibly take up a theoretical career. Thus I passed from the histology of the nervous system to neuropathology and then, prompted by fresh influences, I began to be concerned with the neuroses. I scarcely think, however, that my lack of a genuine medical temperament has done much damage to my patients. For it is not greatly to the advantage of patients if their doctor's therapeutic interest has too marked an emotional emphasis. They are best helped if he carries out his task coolly and keeping as closely as possible to the rules.

No doubt what I have just said throws little light on the problem of lay analysis, it was only intended to exhibit my personal credentials as being myself a supporter of the inherent value of psycho-analysis and of its independence of its application to medicine. But it will be objected at this point that whether psycho-analysis, regarded as a science, is a subdivision of medicine or of psychology is a purely academic question and of no practical interest. The real point at issue, it will be said, is a different one, namely the application of analysis to the treatment of patients; in so far as it claims to do this it must be content, the argument will run, to be accepted as a specialized branch of medicine, like radiology, for instance, and to submit to the rules laid down for all therapeutic methods. I recognize that that is so; I admit it. I only want to feel assured that the therapy will not destroy the science. Unluckily analogies never carry one more than a certain distance; a point is soon reached at which the subjects of the comparison take divergent paths. The case of analysis differs from that of radiology. A physicist does not require to have a patient in order to study the laws that govern X-rays. But the only subject-matter of psycho-analysis is the mental processes of human beings and it is only in human beings that it can be studied. For reasons which can easily be understood, neurotic human beings offer far more instructive and accessible material than normal ones, and to withhold that material from anyone who wishes to study and apply analysis is to dock him of a good half of his training possibilities. I have, of course, no intention of asking that the interests of neurotic patients should be sacrificed to those of instruction and scientific research. The aim of my small volume

on the question of lay analysis was precisely to show that, if certain precautions are observed, the two interests can quite easily be brought into harmony and that the interests of medicine, as rightly understood, will not be the last to profit by such a solution.

I myself brought forward all the necessary precautions and I can safely say that the discussion added nothing on this point. But I should like to remark that the emphasis was often placed in a manner which did not do justice to the facts. What was said about the difficulties of differential diagnosis and the uncertainty in many cases in deciding about somatic symptoms - situations, that is, in which medical knowledge and medical intervention are necessary – this is all of it perfectly true. Nevertheless, the number of cases in which doubts of this kind never arise at all and in which a doctor is *not* required is surely incomparably greater. These cases may be quite uninteresting scientifically, but they play an important enough part in life to justify the activity of lay analysts, who are perfectly competent to deal with them. Some time ago I analysed a colleague who gave evidence of a particularly strong dislike of the idea of anyone being allowed to engage in a medical activity who was not himself a medical man. I was in a position to say to him: 'We have now been working for more than three months. At what point in our analysis have I had occasion to make use of my medical knowledge?' He admitted that I had had no such occasion.

Again, I attach no great importance to the argument that a lay analyst, because he must be prepared to consult a doctor, will have no authority in the eyes of his patients and will be treated with no more respect than such people as bone-setters or masseurs. Once again, the analogy is an imperfect one—quite apart from the fact that what governs patients in their recognition of authority is usually their emotional transference and that the possession of a medical diploma does not impress them nearly so much as doctors believe. A professional lay analyst will have no difficulty in winning as much respect as is due to a secular pastoral worker.[1] Indeed, the words, 'secular pastoral worker', might well serve as a general formula for

[1] ['*Seelsorger*.' Freud had already referred to the work performed in this capacity in protestant countries in his preface to a book of Pfister's (1913*b*), *Standard Ed.*, **12**, 330–1.]

describing the function which the analyst, whether he is a doctor or a layman, has to perform in his relation to the public. Our friends among the protestant clergy, and more recently among the catholic clergy as well, are often able to relieve their parishioners of the inhibitions of their daily life by confirming their faith—after having first offered them a little analytic information about the nature of their conflicts. Our opponents, the Adlerian 'individual psychologists', endeavour to produce a similar result in people who have become unstable and inefficient by arousing their interest in the social community – after having first thrown some light upon a single corner of their mental life and shown them the part played in their illness by their egoistic and distrustful impulses. Both of these procedures, which derive their power from being based on analysis, have their place in psychotherapy. We who are analysts set before us as our aim the most complete and profoundest possible analysis of whoever may be our patient. We do not seek to bring him relief by receiving him into the catholic, protestant or socialist community. We seek rather to enrich him from his own internal sources, by putting at the disposal of his ego those energies which, owing to repression, are inaccessibly confined in his unconscious, as well as those which his ego is obliged to squander in the fruitless task of maintaining these repressions. Such activity as this is pastoral work in the best sense of the words. Have we set ourselves too high an aim? Are the majority of our patients worth the pains that this work requires of us? Would it not be more economical to prop up their weaknesses from without rather than to rebuild them from within? I cannot say, but there is something else that I *do* know. In psychoanalysis there has existed from the very first an inseparable bond between cure and research. Knowledge brought therapeutic success. It was impossible to treat a patient without learning something new, it was impossible to gain fresh insight without perceiving its beneficent results. Our analytic procedure is the only one in which this precious conjunction is assured. It is only by carrying on our analytic pastoral work that we can deepen our dawning comprehension of the human mind. This prospect of scientific gain has been the proudest and happiest feature of analytic work. Are we to sacrifice it for the sake of any considerations of a practical sort?

Some remarks that have been made in the course of this discussion have led me to suspect that, in spite of everything, my book on lay analysis has been misunderstood in one respect. The doctors have been defended against me, as though I had declared that they were in general incompetent to practise analysis and as though I had given it out as a password that medical reinforcements were to be rejected. That was not my intention. The idea probably arose from my having been led to declare in the course of my observations (which had a controversial end in view) that untrained medical analysts were even more dangerous than laymen. I might make my true opinion on this question clear by echoing a cynical remark about women that once appeared in *Simplicissimus*. One man was complaining to another about the weaknesses and troublesome nature of the fair sex. 'All the same,' replied his companion, 'women are the best thing we have of the kind.' I am bound to admit that, so long as schools such as we desire for the training of analysts are not yet in existence, people who have had a preliminary education in medicine are the best material for future analysts. We have a right to demand, however, that they should not mistake their preliminary education for a complete training, that they should overcome the one-sidedness that is fostered by instruction in medical schools and that they should resist the temptation to flirt with endocrinology and the autonomic nervous system, when what is needed is an apprehension of psychological facts with the help of a framework of psychological concepts. I also share the view that all those problems which relate to the connection between psychical phenomena and their organic, anatomical and chemical foundations can be approached only by those who have studied both, that is, by medical analysts. It should not be forgotten, however, that this is not the whole of psycho-analysis, and that for its other aspect we can never do without the co-operation of people who have had a preliminary education in the *mental* sciences. For practical reasons we have been in the habit — and this is true, incidentally, of our publications as well — of distinguishing between medical and applied analysis. But that is not a logical distinction. The true line of division is between *scientific* analysis and its *applications* alike in medical and in non-medical fields.

In these discussions the bluntest rejection of lay analysis has

been expressed by our American colleagues. A few words to them in reply will, I think, not be out of place. I can scarcely be accused of making a misuse of analysis for controversial purposes if I express an opinion that their resistance is derived wholly from practical factors. They see how in their own country lay analysts put analysis to all kinds of mischievous and illegitimate purposes and in consequence cause injury both to their patients and to the good name of analysis. It is therefore not to be wondered at if in their indignation they give the widest possible berth to such unscrupulous mischief-makers and try to prevent any laymen from having a share in analysis. But these facts are already enough to diminish the significance of the American position; for the question of lay analysis must not be decided on practical considerations alone, and local conditions in America cannot be the sole determining influence on our views.

The resolution passed by our American colleagues against lay analysts, based as it essentially is upon practical reasons, appears to me nevertheless to be unpractical; for it cannot affect any of the factors which govern the situation. It is more or less equivalent to an attempt at repression. If it is impossible to prevent the lay analysts from pursuing their activities and if the public does not support the campaign against them, would it not be more expedient to recognize the fact of their existence by offering them opportunities for training? Might it not be possible in this way to gain some influence over them? And, if they were offered as an inducement the possibility of receiving the approval of the medical profession and of being invited to co-operate, might they not have some interest in raising their own ethical and intellectual level?

VIENNA, *June* 1927

PSYCHO-ANALYSIS
(1926)

EDITOR'S NOTE

PSYCHO-ANALYSIS

(*a*) GERMAN EDITIONS:

(1925 Probable date of composition.)
1934 *G.S.*, **12**, 372–80.
1934 *Almanach 1935*, 9–17. (Omitting Bibliography.)
1935 *Z. Psychoanal. Päd.*, **9** (2), 73–80. (Including Bibliography.)
1948 *G.W.*, **14**, 299–307.

(*b*) ENGLISH TRANSLATION:

'Psychoanalysis: Freudian School'
1926 In *Encyclopaedia Britannica*, 13th ed., New Vol. **3**, 253–5. (Tr. James Strachey.)
1929 In *Encyclopaedia Britannica*, 14th ed., **18**, 672–4. (Reprint of above.)

The present translation is a revision of the one first published in 1926. The article is reprinted here by arrangement with the publishers of the *Encyclopaedia Britannica*.

The Eleventh Edition of the *Encyclopaedia Britannica* appeared in 1910–11. It contained no reference to psycho-analysis. After the first World War, in 1922, there appeared what was described as the 'Twelfth Edition'. This consisted of the old Eleventh Edition together with three 'New Volumes'. There was still no article on psycho-analysis. Soon afterwards it was decided to bring out, in 1926, a 'Thirteenth Edition', which was to consist again of the old Eleventh Edition with the addition once more of three 'New Supplementary Volumes'—but different ones from those that had made up the 'Twelfth Edition'. This time an article on psycho-analysis was judged necessary, and Freud himself was asked to contribute it. He was no doubt glad to accept the invitation, since the *Encyclopaedia Britannica* occupied a warm place in his heart. While he was preparing *Totem and Taboo*, he wrote to Ernest Jones (on February 24,

1912) giving a list of all the authorities he had consulted, and wound up with evident pride: 'I am now even in possession of the *Encyclopaedia Britannica*, 11th ed., 1911.' (Jones, 1953, 395.) And it was a work which he was always eager to consult.[1] Already, moreover, in 1924, he had contributed a long chapter on psycho-analysis to a two-volume compilation which had been issued by the publishers of the *Encyclopaedia Britannica* under the title *These Eventful Years*.[2] Very shortly after the publication of the Thirteenth Edition, the necessity for producing a complete new edition of the entire work was recognized. A move was made to replace Freud's article by a different one; but, through the joint efforts of Ernest Jones and Freud himself, this notion was scotched, and the article was retained unaltered in the Fourteenth Edition (1929, and all subsequent ones.

In fact, however, when the German original came to light in 1934, it was seen that a certain number of small, but not unimportant, changes had from the first been made in the English version. The title of the article, for instance, had been altered from 'Psychoanalysis' to 'Psychoanalysis: Freudian School',[3] and an uncomplimentary reference to Jung and Adler had been expunged. Additional cross-headings, too, had been inserted, which do not appear to assist the thread of Freud's argument. For present purposes the best plan has seemed to be to go back to the original German as prepared by Freud, the more important divergences from the *Encyclopaedia* version being indicated in footnotes. The opportunity has been taken of revising the translation and bringing some of the technical terms into line with the usage adopted elsewhere in this edition.

[1] In 1924, on Ferenczi's fiftieth birthday, Freud presented him with a set of the Eleventh Edition (Jones, 1957, 115).

[2] This has been wrongly identified with the present article in Jones, 1957, 140. It will be found in *Standard Ed.*, **19**, with the title 'A Short Account of Psycho-Analysis' (1924*f*).

[3] In the re-issues of the *Encyclopaedia* published since 1953, however, the original title of the article has been restored.

PSYCHO-ANALYSIS

SINCE psycho-analysis was not mentioned in the eleventh edition of the *Encyclopaedia Britannica*, it is impossible to restrict this account to its advances since 1910. The more important and the more interesting portion of its history lies in the period before that date.[1]

PREHISTORY

In the years 1880–2 a Viennese physician, Dr. Josef Breuer (1842–1925), discovered a new procedure by means of which he relieved a girl, who was suffering from severe hysteria, of her many and various symptoms. The idea occurred to him that the symptoms were connected with impressions which she had received during a period of agitation while she was nursing her sick father. He therefore induced her, while she was in a state of hypnotic somnambulism, to search for these connections in her memory and to live through the 'pathogenic' scenes once again without inhibiting the affects that arose in the process. He found that when she had done this the symptom in question disappeared for good.

This was at a date before the investigations of Charcot and Pierre Janet into the origin of hysterical symptoms, and Breuer's discovery was thus entirely uninfluenced by them. But he did not pursue the matter any further at the time, and it was not until some ten years later that he took it up again in collaboration with Sigmund Freud. In 1893 they published a book, *Studies on Hysteria*, in which Breuer's discoveries were described and an attempt was made to explain them by the theory of '*catharsis*'. According to that hypothesis, hysterical symptoms originate through the energy of a mental process being withheld from conscious influence and being diverted into bodily innervation ('*conversion*'). A hysterical symptom would thus be a substitute for an omitted mental act and a reminiscence of

[1] [This paragraph was omitted in the *Encyclopaedia Britannica*. It is explained by the fact that Freud was writing a contribution to the three supplementary volumes issued in 1926, which were merely intended to bring the eleventh edition, published in 1910–11, up to date.]

the occasion which should have given rise to that act. And, on this view, recovery would be a result of the liberation of the affect that had gone astray and of its discharge along a normal path ('*abreaction*'). Cathartic treatment gave excellent therapeutic results, but it was found that they were not permanent and that they were not independent of the personal relation between the patient and the physician. Freud, who later proceeded with these investigations by himself, made an alteration in their technique, by replacing hypnosis by the method of free association. He invented the term 'psycho-analysis', which in the course of time came to have two meanings: (1) a particular method of treating nervous disorders and (2) the science of unconscious mental processes, which has also been appropriately described as 'depth-psychology'.

Subject-Matter of Psycho-Analysis

Psycho-analysis finds a constantly increasing amount of support as a therapeutic procedure, owing to the fact that it can do more for its patients[1] than any other method of treatment. The principle field of its application is in the milder neuroses —hysteria, phobias and obsessional states; and in malformations of character and sexual inhibitions or abnormalities it can also bring about marked improvements or even recoveries. Its influence upon dementia praecox and paranoia is doubtful, on the other hand, in favourable circumstances it can cope with depressive states, even if they are of a severe type.

In every instance the treatment makes heavy claims upon both the physician and the patient: the former requires a special training and must devote a long period of time to exploring the mind of each patient, while the latter must make considerable sacrifices, both material and mental. Nevertheless, all the trouble involved is as a rule rewarded by the results. Psycho-analysis does not act as a convenient panacea ('*cito, tute, jucunde*') for psychological disorders. On the contrary, its application has been instrumental in making clear for the first time the difficulties and limitations in the treatment of such affections.

[1] [In the *Encyclopaedia Britannica*: 'for certain classes of patients'.]

For the moment it is only in Berlin and Vienna that there are voluntary institutions which make psycho-analytic treatment accessible to the wage-earning classes.[1]

The therapeutic influence of psycho-analysis depends on the replacement of unconscious mental acts by conscious ones and is effective within the limits of that factor. The replacement is effected by overcoming internal resistances in the patient's mind. The future will probably attribute far greater importance to psycho-analysis as the science of the unconscious than as a therapeutic procedure.

Psycho-analysis, in its character of depth-psychology, considers mental life from three points of view: the dynamic, the economic and the topographical.

From the first of these standpoint the *dynamic* one, psycho-analysis derives all mental processes (apart from the reception of external stimuli) from the interplay of forces, which assist or inhibit one another, combine with one another, enter into compromises with one another, etc. All of these forces are originally in the nature of *instincts*; thus they have an organic origin. They are characterized by possessing an immense (somatic) store of power ('*the compulsion to repeat*'); and they are represented mentally as images or ideas with an affective charge. In psycho-analysis, no less than in other sciences, the theory of the instincts is an obscure subject. An empirical analysis leads to the formulation of two groups of instincts: the so-called 'ego-instincts', which are directed towards self-preservation, and the 'object-instincts', which are concerned with relations to an external object. The social instincts are not regarded as elementary or irreducible. Theoretical speculation leads to the suspicion that there are two fundamental instincts which lie concealed behind the manifest ego-instincts and object-instincts: namely (*a*) Eros, the instinct which strives for ever closer union, and (*b*) the instinct of destruction, which leads towards the dissolution of what is living. In psycho-analysis the manifestation of the force of Eros is given the name '*libido*'.

From the *economic* standpoint psycho-analysis supposes that the mental representatives of the instincts have a charge

[1] [In the *Encyclopaedia Britannica* this sentence was transferred to the end of the article.]

(*cathexis*)[1] of definite quantities of energy, and that it is the purpose of the mental apparatus to hinder any damming-up of these energies and to keep as low as possible the total amount of the excitations with which it is loaded. The course of mental processes is automatically regulated by the '*pleasure-unpleasure principle*'; and unpleasure is thus in some way related to an increase of excitation and pleasure to a decrease. In the course of development the original pleasure principle undergoes a modification with reference to the external world, giving place to the '*reality principle*', in accordance with which the mental apparatus learns to postpone the pleasure of satisfaction and to tolerate temporarily feelings of unpleasure.

Topographically, psycho-analysis regards the mental apparatus as a compound instrument, and endeavours to determine at what points in it the various mental processes take place. According to the most recent psycho-analytic views, the mental apparatus is composed of an '*id*', which is the repository of the instinctual impulses, of an '*ego*', which is the most superficial portion of the id and one which has been modified by the influence of the external world, and of a '*super-ego*', which develops out of the id, dominates the ego and represents the inhibitions of instinct that are characteristic of man. The quality of consciousness, too, has a topographical reference; for processes in the id are entirely unconscious, while consciousness is the function of the ego's outermost layer, which is concerned with the perception of the external world.

At this point two observations may be in place. It must not be supposed that these very general ideas are presuppositions upon which the work of psycho-analysis depends. On the contrary, they are its latest conclusions and are 'open to revision'.[2] Psycho-analysis is founded securely upon the observation of the facts of mental life; and for that very reason its theoretical superstructure is still incomplete and subject to constant alteration. Secondly, there is no reason for surprise that psycho-analysis, which was originally no more than an attempt

[1] [The word is in English in the original. This seems to be the only instance in which Freud himself used this English equivalent of the German '*Besetzung*'.]

[2] [In English in the original. In the *Encyclopaedia Britannica* the phrase is preceded by the words 'in every respect'.]

at explaining pathological mental phenomena, should have developed into a psychology of normal mental life. The justification for this arose with the discovery that the dreams and mistakes ['parapraxes', such as slips of the tongue, etc.] of normal men have the same mechanism as neurotic symptoms.

The first task of psycho-analysis was the elucidation of nervous disorders. The analytic theory of the neuroses is based on three corner-stones, the recognition of (1) '*repression*',[1] of (2) the importance of the sexual instinct and of (3) '*transference*'.[1]

(1) There is a force in the mind which exercises the functions of a censorship, and which excludes from consciousness and from any influence upon action all tendencies which displease it. Such tendencies are described as 'repressed'. They remain unconscious, and if one attempts to bring them into the patient's consciousness one provokes a '*resistance*'.[1] These repressed instinctual impulses, however, have not always become powerless. In many cases they succeed in making their influence felt in the mind by circuitous paths, and the indirect or substitutive satisfactions of repressed impulses thus achieved are what constitute neurotic symptoms.

(2) For cultural reasons the most intense repression falls upon the sexual instincts; but it is precisely in connection with them that repression most easily miscarries, so that neurotic symptoms are found to be substitutive satisfactions of repressed sexuality. The belief that in man sexual life begins only at puberty is incorrect. On the contrary, signs of it can be detected from the beginning of extra-uterine existence; it reaches a first culminating point at or before the fifth year ('early period'), after which it is inhibited or interrupted ('latency period', until the age of puberty, which is the second climax of its development. This diphasic onset of sexual development seems to be distinctive of the genus Homo. All experiences during the first period of childhood are of the greatest importance to the individual, and in combination with his inherited sexual constitution form the dispositions for the subsequent development of character and disease. It is wrong to make sexuality coincide with 'genitality'. The sexual instincts pass through a complicated course of development, and it is only at the end of it that the 'primacy of the genital zones' is

[1] [In English in the original.]

attained. Before this there are a number of 'pregenital' organizations of the libido—points at which it may become 'fixated' and to which, in the event of subsequent repression, it will return ('*regression*'). The infantile fixations of the libido are what determine the form of any later neurosis. Thus the neuroses are to be regarded as inhibitions in the development of the libido. There are no specific causes of nervous disorders; the question whether a conflict finds a healthy solution or leads to a neurotic inhibition of function depends upon quantitative considerations.

The most important conflict with which a small child is faced is his relation to his parents, the '*Oedipus Complex*'; it is in attempting to grapple with this problem that those destined to suffer from a neurosis habitually come to grief. The reactions against the instinctual demands of the Oedipus complex are the source of the most precious and socially important achievements of the human mind; and this holds true not only in the life of individuals but probably also in the history of the human species as a whole. The super-ego, too, the moral agency which dominates the ego, has its origin in the process of overcoming the Oedipus complex.

(3) By '*transference*' is meant a striking peculiarity of neurotics. They develop towards their physician emotional relations, both of an affectionate and hostile character, which are not based upon the actual situation but are derived from their relations to their parents (the Oedipus complex). Transference is a proof of the fact that adults have not overcome their former childish dependence; it coincides with the force which has been named 'suggestion', and it is only by learning to make use of it that the physician is enabled to induce the patient to overcome his internal resistances and do away with his repressions. Thus psycho-analytic treatment acts as a second education of the adult, as a corrective to his education as a child.

Within this narrow compass it has been impossible to mention many matters of the greatest interest, such as the '*sublimation*' of instincts, the part played by *symbolism*, the problem of '*ambivalence*', etc. Nor has there been space to allude to the applications of psycho-analysis, which originated, as we have seen, in the sphere of medicine, to other departments of knowledge (such as Social Anthropology, the Study of Religion,

Literary History and Education) where its influence is constantly increasing. It is enough to say that psycho-analysis, in its character of the psychology of the deepest, unconscious mental acts, promises to become the link between Psychiatry and all of these other branches of mental science.

The External History of Psycho-Analysis

The beginnings of psycho-analysis may be marked by two dates: 1895, which saw the publication of Breuer and Freud's *Studies on Hysteria*, and 1900, which saw that of Freud's *Interpretation of Dreams*. At first the new discoveries aroused no interest either in the medical profession or among the general public. In 1907 the Swiss psychiatrists, under the leadership of E. Bleuler and C. G. Jung, began to concern themselves in the subject; and in 1908 there took place at Salzburg a first meeting of adherents from a number of different countries. In 1909 Freud and Jung were invited to America by G. Stanley Hall to deliver a series of lectures on psycho-analysis at Clark University, Worcester, Mass. From that time forward interest grew rapidly in Europe; it expressed itself, however, in a very forcible rejection of the new teachings—a rejection which often showed an unscientific colouring.

The reasons for this hostility were to be found, from the medical point of view, in the fact that psycho-analysis lays stress upon psychical factors, and from the philosophical point of view, in its assuming as an underlying postulate the concept of unconscious mental activity; but the strongest reason was undoubtedly the general disinclination of mankind to concede to the factor of sexuality the importance that is assigned to it by psycho-analysis. In spite of this widespread opposition, however, the movement in favour of psycho-analysis was not to be checked. Its adherents formed themselves into an International Association, which passed successfully through the ordeal of the World War, and at the present time (1925, comprises local groups in Vienna, Berlin, Budapest, London, Switzerland, Holland, Moscow and Calcutta, as well as two in the United States. There are three periodicals representing the views of these societies: the *Internationale Zeitschrift fur Psychoanalyse*, *Imago* (which is concerned with the application of

psycho-analysis to non-medical fields of knowledge), and the *International Journal of Psycho-Analysis*.

During the years 1911–13 two former adherents, Alfred Adler, of Vienna, and C. G. Jung, of Zurich, seceded from the psycho-analytic movement and founded schools of thought of their own, which, in view of the general hostility to psycho-analysis, could be certain of a favourable reception, but which remained scientifically sterile.[1] In 1921 Dr. M. Eitingon founded in Berlin the first public psycho-analytic clinic and training-school, and this was soon followed by a second in Vienna.

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[1] [The last clause was omitted in the *Encyclopaedia Britannica*.]

[2] [The bibliography is printed here as it was originally given in Freud's manuscript.]

ADDRESS TO THE SOCIETY OF B'NAI B'RITH

(1941 [1926])

ANSPRACHE AN DIE MITGLIEDER DES VEREINS B'NAI B'RITH

(*a*) GERMAN EDITION:
1941 *G.W.*, **17**, 51–3.

(*b*) ENGLISH TRANSLATION:
'Address to the Society of B'nai B'rith.'

The present translation by James Strachey appears to be the first into English. A few sentences of it were given in a footnote on p. 312 of *The Origins of Psycho-Analysis* (1954), the English translation of Freud, 1950*a*.

This address was read on Freud's behalf at a meeting of the B'nai B'rith held on May 6, 1926, in honour of his seventieth birthday. It had been preceded by a laudatory speech made by his physician, Professor Ludwig Braun.

The B'nai B'rith (Sons of the Covenant) is an order which represents Jewish interests, cultural, intellectual and charitable. Originally founded in the United States in the middle of the nineteenth century, it has branch lodges in many parts of the world. As will be seen below, Freud joined the Vienna group in 1895, and he used for many years to be a regular attendant at its meetings on alternate Tuesdays. From time to time he himself gave lectures there, the subjects of some of which have been recorded: two lectures on dreams in December, 1897 (Freud, 1950*a*, Letter 78); another, unspecified, in March, 1900 (ibid., Letter 130); on Zola's *La fécondité*[1] on April 27, 1900 (Jones, 1953, 363); on Anatole France's *La révolte des anges* (Sachs, 1945, 103); and the second half of his 'Thoughts for the Times on War and Death' in 1915 (Jones, 1955, 415).

[1] This was one of the 'ten good books' selected by Freud in his 'Contribution to a Questionnaire on Reading' (1907*d*), *Standard Ed.*, **9**, 246

ADDRESS TO THE SOCIETY OF B'NAI B'RITH

Most honourable Grand President, honourable Presidents, dear Brethren,—

I thank you for the honours you have paid me to-day. You know why it is that you cannot hear the sound of my own voice. You have heard one of my friends and pupils speak of my scientific work; but a judgement on such things is hard to form and for a long while yet it may not be reached with any certainty. Allow me to add something to what has been said by one who is both my friend and the physician who cares for me. I should like to tell you shortly how I became a B.B. and what I have looked for from you.

It happened that in the years from 1895 onwards I was subjected to two powerful impressions which combined to produce the same effect on me. On the one hand, I had gained my first insight into the depths of the life of the human instincts; I had seen some things that were sobering and even, at first, frightening. On the other hand, the announcement of my unpleasing discoveries had as its result the severance of the greater part of my human contacts; I felt as though I were despised and universally shunned. In my loneliness I was seized with a longing to find a circle of picked men of high character who would receive me in a friendly spirit in spite of my temerity. Your society was pointed out to me as the place where such men were to be found.

That you were Jews could only be agreeable to me; for I was myself a Jew, and it had always seemed to me not only unworthy but positively senseless to deny the fact. What bound me to Jewry was (I am ashamed to admit) neither faith nor national pride, for I have always been an unbeliever and was brought up without any religion though not without a respect for what are called the 'ethical' standards of human civilization. Whenever I felt an inclination to national enthusiasm I strove to suppress it as being harmful and wrong, alarmed by the warning examples of the peoples among whom we Jews live. But plenty of other things remained over to make the

attraction of Jewry and Jews irresistible – many obscure emotional forces, which were the more powerful the less they could be expressed in words, as well as a clear consciousness of inner identity, the safe privacy of a common mental construction. And beyond this there was a perception that it was to my Jewish nature alone that I owed two characteristics that had become indispensable to me in the difficult course of my life. Because I was a Jew I found myself free from many prejudices which restricted others in the use of their intellect; and as a Jew I was prepared to join the Opposition and to do without agreement with the 'compact majority'.[1]

So it was that I became one of you, took my share in your humanitarian and national interests, gained friends among you and persuaded my own few remaining friends to join our society. There was no question whatever of my convincing you of my new theories; but at a time when no one in Europe listened to me and I still had no disciples even in Vienna, you gave me your kindly attention. You were my first audience.

For some two thirds of the long period that has elapsed since my entry I persisted with you conscientiously, and found refreshment and stimulation in my relations with you. You have been kind enough to-day not to hold it up against me that during the last third of the time I have kept away from you. I was overwhelmed with work, and demands connected with it forced themselves on me; the day ceased to be long enough for me to attend your meetings, and soon my body began to rebel against a late evening meal. Finally came the years of my illness, which prevents me from being with you even to-day.

I cannot tell whether I have been a genuine B.B. in your sense. I am almost inclined to doubt it; so many exceptional circumstances have arisen in my case. But of this I can assure you – that you meant much to me and did much for me during the years in which I belonged to you. I ask you therefore to accept my warmest thanks both for those years and for to-day.

Yours in W. B. & E.[2]

Sigm. Freud

[1] [Cf. above, footnote 1, p. 9.]

[2] [The abbreviation stands for '*Wohlwollen, Bruderliebe und Eintracht*', the motto of the Order, which is translated 'Benevolence, Brotherly Love and Harmony'.]

SHORTER WRITINGS
(1926)

KARL ABRAHAM[1]
(1926)

DR. KARL ABRAHAM, President of the Berlin group, of which he was the founder, and President at the time of the International Psycho-Analytical Association, died in Berlin on December 25 [1925]. He had not reached the age of fifty[2] when he succumbed to an internal complaint against which his powerful physique had had to contend ever since the spring. At the Homburg Congress[3] he had seemed, to the great joy of us all, to have recovered; but a relapse brought us painful disappointment.

We bury with him—*integer vitae scelerisque purus*[4]—one of the firmest hopes of our science, young as it is and still so bitterly assailed, and a part of its future that is now, perhaps, unrealizable. Among all those who followed me along the dark paths of psycho-analytic research, he won so pre-eminent a place that only one other name could be set beside his.[5] It is likely that the boundless trust of his colleagues and pupils would have called him to the leadership; and he would without doubt have been a model leader in the pursuit of truth, led astray neither by the praise or blame of the many nor by the seductive illusion of his own phantasies.

I write these lines for friends and fellow-workers who knew and valued Abraham as I did. They will find it easy to understand what the loss of this friend, so much younger than I am, means to me; and they will forgive me if I make no further attempt to express what it is so hard to put into words. An

[1] [*Int. Z. Psychoan.*, **12** (1) (1926), 1 (signed 'Der Herausgeber [The Director]: Sigm. Freud'); *G.S.*, **11** (1928), 283; *G.W.*, **14** (1948), 564. English translation *Int. J. Psycho-Anal.*, **7** (1926), 1. (Tr. unspecified.) The present translation is a slightly modified reprint of that one.]

[2] [Abraham (1877–1925) was 48 at the time of his death.]

[3] [The Ninth International Psycho-Analytical Congress, held in September, 1925.]

[4] ['He that is unstained in life and pure from guilt.' Horace, *Odes* I, xxii, 1.]

[5] [Freud no doubt had Ferenczi in mind.]

account of Abraham's scientific personality and an appreciation of his work will be undertaken for our journal by another hand.[1]

[1] [The following issues of the *Zeitschrift* and the *Journal* contained a long obituary of Abraham by Ernest Jones (1926).]

TO ROMAIN ROLLAND[1]
(1926)

UNFORGETTABLE one! By what troubles and sufferings must you have fought your way up to such a height of humanity as yours!

Long years before I saw you, I had honoured you as an artist and as an apostle of the love of mankind. I was myself a disciple of the love of mankind, not from sentimental motives or in pursuit of an ideal, but for sober, economic reasons, because, our inborn instincts and the world around us being what they are, I could not but regard that love as no less essential for the survival of the human race than such things as technology.

And when at last I came to know you personally, I was surprised to find that you can value strength and energy so highly and that you yourself embody such force of will.

May the next decade bring you nothing but fulfilments!

Most cordially yours

Sigm. Freud, aetat. 70.

[1] ['An Romain Rolland.' In *Liber amicorum Romain Rolland*, 152, Zurich and Leipzig, Rotapfel. (Published January 26, 1926, on the occasion of his 60th birthday.) Reprinted *G.S.*, **11** (1928), 275; *G.W.*, **14** (1948), 553. The present translation, the first into English, is by James Strachey. Ten years later, Freud paid a greater tribute to the same author by the dedication to him of his paper 'A Disturbance of Memory on the Acropolis' (1936*a*).]

PREFATORY NOTE TO A PAPER BY E. PICKWORTH FARROW[1]

(1926)

THE author of this paper is known to me as a man of strong and independent intelligence. Probably through being somewhat self-willed he failed to get on to good terms with two analysts with whom he made the attempt. He thereupon proceeded to make a systematic application of the procedure of self-analysis which I myself employed in the past for the analysis of my own dreams. His findings deserve attention precisely on account of the peculiar character of his personality and of his technique.[2]

[1] [Prefatory note to E. Pickworth Farrow's 'Eine Kindheitserinnerung aus dem 6. Lebensmonat' ('A Childhood Memory from the Sixth Month of Life'), *Int. Z. Psychoan.*, **12** (1926), 79; *G.W.*, **14**, 1948, 568. This appeared at the head of Farrow's paper, introduced by the words: 'Professor Freud writes to us as follows in connection with this paper.' There is no trace of the paper itself having appeared in English, but its substance was incorporated many years later into a volume by the author, *A Practical Method of Self-Analysis*, London, Allen & Unwin, 1942, New York, International Universities Press, 1945. An English translation of Freud's note was printed as a preface to that volume, with a statement that it was included by his permission. (This was, of course, some years after his death.) The subject was also dealt with by Farrow in several papers contemporary with the present one: Farrow 1925*a*, 1925*b*, 1925*c* and 1927.—The present translation is a new one by James Strachey, and appears by arrangement with Messrs. George Allen & Unwin.]

[2] [In his paper Farrow reported having arrived at a detailed memory of being slapped by his father at the age of six months. A short discussion of Freud's views on self-analysis will be found in an Editor's footnote in *Standard Ed.*, **14**, 20–1.]

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[Titles of books and periodicals are in italics, titles of papers are in inverted commas. Abbreviations are in accordance with the *World List of Scientific Periodicals* (London, 1952). Further abbreviations used in this volume will be found in the List at the end of this Bibliography. Numerals in thick type refer to volumes, ordinary numerals refer to pages. The figures in round brackets at the end of each entry indicate the page or pages of this volume on which the work in question is mentioned. In the case of the Freud entries, the letters attached to the dates of publication are in accordance with the corresponding entries in the complete bibliography of Freud's writings to be included in the last volume of the *Standard Edition*.

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[*Trans.* 'On Narcissism: an Introduction', *C.P.*, **4**, 30; *Standard Ed.*, **14**, 69.]

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LIST OF ABBREVIATIONS

G.S. = Freud, *Gesammelte Schriften* (12 vols.), Vienna, 1924–34

G.W. = Freud, *Gesammelte Werke* (18 vols.), London, from 1940

C.P. = Freud, *Collected Papers* (5 vols.), London, 1924–50

Standard Ed. = Freud, *Standard Edition* (24 vols.), London from 1953

Almanach 1935 = *Almanach der Psychoanalyse 1935*, Vienna, Internationaler Psychoanalytischer Verlag, 1934

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GENERAL INDEX

This index includes the names of non-technical authors. It also includes the names of technical authors where no reference is made in the text to specific works. For references to specific technical works, the Bibliography should be consulted.—The compilation of the index was undertaken by Mrs. R. S. Partridge.

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